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Link(s) to article on publisher's website:

<http://dx.doi.org/doi:10.21954/ou.ro.0000ff72>

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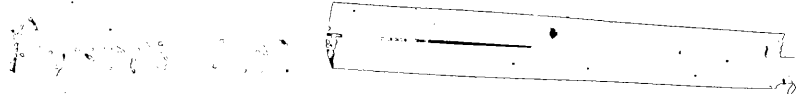
*ILMA: MEANINGS OF HYSTERIA
AND THE BEGINNINGS OF HUNGARIAN PSYCHIATRY*

A dissertation submitted to the Open University
in candidacy for the degree of Master of Philosophy
in the field of
History of Science and Technology

by
Emese Lafferton

Budapest, Hungary

June 1999



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Ilma: Meanings of Hysteria and the Beginnings of Hungarian Psychiatry

Abstract

The dissertation reconstructs the life of Ilma Szekulics, an intelligent middle-class woman raised in a convent, who rebelled against the confines imposed on her by her sex, her family and society, and who employed deviant forms of social behaviour to survive. A petty thief, a forger, and a cross-dresser, she became the number one patient of top psychiatrists in Austro-Hungary in the 1880s, diagnosed as suffering from hystero-epilepsy and 'contrary sexual feelings'. Her story helps understand and fit the figure of the hysterical woman both into the context of late-nineteenth-century psychiatric knowledge, and into general thinking on female nature and body, sexuality, lesbianism, and cross-dressing.

Ilma's well-documented case (her autobiographical writings, studies by her Hungarian doctors, a 130-page long book by Krafft-Ebing, and articles in the daily press) allows an approach to hysteria and hypnosis "*from inside*," that is, through the actual encounters between doctor and patient. Questions of their co-operation as well as their personal strategies, desires, and aspirations occupy centre stage. From such an approach, hysteria and hypnosis emerges as a "*process*" exposed to ongoing negotiation, rather than as a final set of characteristics.

Focus on the patient and the inner dynamics of the doctor-patient encounters opens the way for a subversive reading of the power relations in the medical setting. Medical knowledge, its institutional framework and practice embodied and reinforced the power relations between man and woman, doctor and patient. At the same time, an awareness of social constraints and possibilities, if cleverly exploited, could open up some space for manoeuvring and negotiations. Ilma's case shows how social constraints and private interests combine into various forms of self-fashioning.

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Introduction

Ilma Szekulics was the Hungarian Blanche Wittmann,¹ one of the unfortunate primadonnas acting – and acted upon – on the obscure stages of fin-de-siècle psychiatry. She was an intelligent middle-class woman who rebelled against the confines imposed on her by her sex, her family and society, and who employed deviant forms of social behaviour to survive. A petty thief, a forger, and a cross-dresser, she became the number one patient of top psychiatrists in Austro-Hungary, diagnosed as suffering from hystero-epilepsy and contrary sexual feelings.

Ilma was of the *menu peuple*. She was not an outstanding and influential personality whose life would prompt traditional historians to produce biographies. Her case is of special interest to the social historian and new cultural historian in that it reveals a lot about her society. Hers is an arresting story which fascinates the late-twentieth-century reader with its richness of detail and insight into the values, beliefs, and anxieties of the society in which she lived.

Her rebellion against social norms was not a usual path trodden by many of her middle-class female contemporaries. It made the real or imaginative boundaries dividing society visible, pointing to the forces that compelled her to transgress them. The daily press discussed Ilma's arrest among the stories of thieves, forgers and impostors, witnessing to the fact that her case was neither unique nor extraordinary. The fast growing capital provided sufficient room for deviance, for crossing the socially defined borders between female and male, normal and abnormal, sick and healthy. Ilma's story becomes complete only if read within the context of turn-of-the-century Austro-Hungarian psychiatry as well as the wider social processes of urbanisation, of the reconsideration of female roles, the routes to women's individual economic independence, and, in general, the

changing of ideas on female nature and body, sexuality, lesbianism, and cross-dressing. In a sense, Ilma's story is a welcome pretext to think about society and psychiatry.

My basic purpose in this dissertation is to understand hysteria and hypnosis "*from inside*," that is, through the actual encounters between doctor and patient. Thus the question of their co-operation as well as their personal strategies, desires, and aspirations occupy centre stage. Such an approach allows me to see hysteria and hypnosis as a "*process*" exposed to ongoing negotiation, rather than as a final set of characteristics.

Focus on the patient and the inner dynamics of the doctor-patient encounters can open the way for a subversive reading of the power relations in the medical setting. Medical knowledge, its institutional framework and practice embodied and reinforced the power relations between man and woman, doctor and patient. At the same time, an awareness of social constraints and possibilities, if cleverly exploited, could open up some space for manoeuvring and negotiations. Ilma's case allows me to show how social constraints and private interests combine into various forms of self-fashioning.

The structure of the dissertation follows the chronology of Ilma's life. The sources that serve as the basis of my reconstruction of her life are:

- * the psychiatrist Károly Laufenauer's account and Ilma's first autobiography published in the *Medical Weekly* in 1885,
- * the internalist Ernő Jendrassik's account of his hypnotic experiments with Ilma, published in 1887 and 1888,
- * Dr. Tuskai's popular article on hypnotism published in the *Magyar Salon* in 1887,
- * the Austrian psychiatrist and sexologist Richard von Krafft-Ebing's 1889 book on his hypnotic experiments with Ilma in 1889, including Ilma's second autobiography,

¹ Blanche Wittmann was one of Charcot's favourite hysterical patients endowed with high suggestibility at the Salpêtrière.

* Krafft-Ebing's famous *Psychopathia sexualis* in which Ilma appears as one of his patients.

In addition to the learned medical papers, I found Ilma's case discussed in the Hungarian daily papers *Pesti Hirlap* and *Budapest* of 1883.

The chapters cover different periods of Ilma's hospitalisation and relate to specific institutions and doctors. Due to the different types of sources used and the purposes followed in the single chapters, I employ different approaches and methods ranging from institutional history to textual analysis. In Chapter 1, I provide a general picture of the beginnings of Hungarian psychiatry in the second half of the nineteenth-century. I introduce the doctors who played significant roles not only in Ilma's life but also in the establishment of psychiatry in Hungary, creating private and state mental asylums, founding academic departments and research, and establishing clinical practice. The second part of this chapter locates Ilma's case in this scientific context.

Chapter 2, entitled *Strategies of Doctor and Patient*, focuses on the period of Ilma's hospitalisation in Saint Roch Hospital in 1885. I analyse the psychiatric and legal context of Laufenauer's expertise on Ilma's mental state and his decision to declare her incompetent. Comparing the doctor's reconstruction of Ilma's life to Ilma's own 1885 autobiography, I focus on the discrepancies that conceal and point to individual strategies and interpretations. Both versions are then compared to the stories produced by Ilma and her physician Krafft-Ebing in Graz two years later. Ilma clearly reconsiders many factors in her life.

Chapter 3, *Trapped in Medical Theory and Practice*, is based on Laufenauer's 1885 medical report on Ilma and Jendrassik's hypnotic experiments with her during the first months of 1887. I discuss the social-embeddedness of medical interpretation, the two-way traffic of images and concepts between medical knowledge and general public opinion. The social conception of female nature and woman's role informs medical conceptions of

hysteria, while the medical views on sexuality and female bodily processes reinforce the social meaning of gender and power relations. Since the late-nineteenth-century psychiatric conception of hysteria often incorporated socially deviant forms of behaviour, and thus blurred the boundaries between hysteria, homosexuality, cross-dressing, and crime, these mutually reinforced one another. In this way many forms of deviant or "immoral" behaviour could be medicalised.

Analysing Jendrassik's professional reports on the hypnotic experiments with Ilma, I describe the differences between the body of the hypnotised and a normally functioning body. While the senses break down and are no longer able to mediate between the self and the outer world, the body cannot help over-reacting to stimuli in an involuntary and uncontrollable way. Since the body is no longer able to establish a 'normal' contact with the world, it resorts to a new, individual, and 'sick' world-perception and contact. The hypnotic state appears as an intensification of the female nature. The hypnotised person becomes an uncontrollable body with deceptive senses, lacking mental power. The presumed unity of the mind, soul and body in the healthy and normal person is broken apart. Jendrassik and Laufenauer – consciously or unconsciously – translated social values and beliefs into the language of science in order to explain a complex phenomenon, thereby legitimising these notions and values.

In Chapter 4, *Writing and Hypnosis*, I read the "meanings" of the wounds inscribed on the patient's body in the course of hypnotic experiments. Focusing on the intricate ways in which writing is connected to hypnosis, I demonstrate Ilma's utter physical, psychic, and emotional subjection to the will and curiosity of her experimenting doctors, Jendrassik and Krafft-Ebing.

I criticise literary, psychoanalytical, and, especially, some extreme feminist uses of the term "hysterical narrative" on the grounds that its uncritical use for all hysterical cases is deeply ahistorical. Ilma's pre-psychoanalytical case shows that the narratives of a

hysteric cannot be subsumed under the hysterical narrative as this is constructed by contemporary criticism. Some feminist readings ignore hysteria as a disease and consider it a mere metaphor. The resulting notion of the hysterical narrative embraces whatever is anti-male, rejects male power, and is unruly and disruptive. It confirms precisely those ideologies, values and notions that have traditionally been equated with female hysteria. It revives and glorifies the very characteristics that had a stigmatising and crippling effect on numerous women called hysterics in modern history.

In Chapter 5, I focus on the period Ilma spent at Krafft-Ebing's ward in Graz from 1887 October to 1888 June. My central source is *An Experimental Study in the Domain of Hypnotism*, a 130-page book by Krafft-Ebing on his hypnotic experiments with Ilma. I offer a textual analysis of the book and interpret its contradictions and characteristics as strategies and symptoms of hidden aims or professional desires. Although Krafft-Ebing is entitled to decide about Ilma's life and hospitalisation, and he is allowed to experiment on her, the attentive reader may realise how his power over Ilma weakens, how the patient assumes control over the experiments, and how the doctor's explanations and offered reasons become less and less confident and reliable, and confusing to the reader. The perplexing experiments and changing forms of co-operation between doctor and patient call out for a subversive interpretation of the power relations between them.

In order to prove the therapeutic value of hypnosis, and justify his 7 months of experiments on Ilma, Krafft-Ebing claims that, at the time of her departure, Ilma was in the best condition ever since she had arrived at Graz. I demonstrate that Ilma was in fact in a much worse condition, her willingness to co-operate had decreased considerably, and she assumed a more active role in the experiments redefining the rules of hypnosis. I speculate on the reasons for Krafft-Ebing's dismissing Ilma from the clinic in 1888 June.

Finally, I criticise the interpretation of Krafft-Ebing's aims in Ilma's case in his biography by Renate Hauser. Acknowledging some of their stated aims, I claim that Ilma's

doctors were not driven exclusively by pure professional/scientific considerations and interests. There had to be something special about Ilma, something that compelled Laufenauer, Jendrassik and Krafft-Ebing to such an investment, not minding the time and energy devoted to her and these publications. A no less important motive was their enchantment with the experiments and Ilma herself. It is precisely this enchantment, an incredible curiosity coupled with a strange co-operation between doctor and patient that makes Krafft-Ebing's book--and Ilma's case--so interesting and revealing.

Chapter 6 focuses on Lipótmező Lunatic Asylum where Ilma was hospitalised from June 1888 to August 1891. Apart from the letters sent by the head physician Dr. Bolyó and the director Dr. Niedermann to Krafft-Ebing who subsequently published them, I have found no source on what exactly happened to Ilma there, how she lived in the asylum. Other documents (statistics and contemporary accounts) make it, however, possible to reconstruct the life-space of patients and doctors in this institution, to describe the kind of patients who surrounded Ilma, the kind of experiences they may have had, and the prospects they had in life. I focus on the first 40 years of the asylum's history from 1868 to 1908 (Ilma's hospitalisation falls right in the middle of this period) to show how the patients' conditions, their immediate environment, the directors' ideas, the doctors' attitude to treatment, to the use of coercive measures, for instance, changed over time. At the end I speculate on what Ilma's chances for a future outside the asylum could have been.

Chapter 8 discusses the notion of simulation, which relates in intricate and revealing ways to the medical/psychiatric construction of hysteria. Separating out its many layers of meaning, the figure of the hysterical woman unfolds as one of the mythic images of womanhood haunting the cultural imagination of the period, just like the flirt, the prostitute, the actress, or the cross-dresser.

I wish to thank my Director of Study, Anna Wessely, and my External Supervisor, Roy Porter for the thorough reading of several versions of these chapters, for their insightful comments, and their inspiration.

Chapter 1. Ilma's Case

The Beginnings of Hungarian Psychiatry

Due to the late development of institutions for the treatment of the mentally ill in Hungary, in the first part of the nineteenth century, the 'mad' still haunted the villages, were confined to poorhouses, and sometimes locked up in prisons. A small portion of the mentally ill was kept in public hospitals and treated by doctors who lacked training in psychiatry. The creation of mental asylums made then the observation and specialised treatment of the insane become possible.

The first significant private asylum in Budapest was founded by József Pólya in 1841. Designed for 10 patients, it operated only for one year (Pándy 1905: 366). The father of Hungarian psychiatry is considered to be *Dr. Ferenc Schwartz* (1818–1889) who trained the first professional generation of Hungarian psychiatrists at his private mental asylum¹ from the 1850s. Trained in Germany and France, Schwartz became a lecturer (Privatdozent) in mental pathology at Budapest University in 1860. His book, *Álki betegségek általános kór- és gyógytana, törvényszéki lélektannal (General Pathology and Treatment of Psychic Disorders, with Forensic Psychology)*, published in 1858, supplied a great need, being the first psychiatric book written in Hungarian. His students, *Károly Bolyó*, *Gyula Niedermann*, *Károly Laufenauer*, *Jenő Konrád*, *Károly Lechner*, and *Ottó Babarcz-Schwartz* later became important figures and holders of high positions within Hungarian medical and psychiatric circles. Many of them gained their primary professional experience at his private asylum.²

¹ The asylum was established in Vác in 1850 and moved to Budapest in 1852.

² *Károly Bolyó* (born in Kunszentmiklós, 1833) was Schwartz's assistant doctor in the asylum between 1857 and 1863. He completed his medical studies in Budapest. Granted scholarship, Bolyó visited many European psychiatric institutions between 1863–65, and upon his return published widely in the *Medical Weekly* and the *Medicine*. In 1866–68 Bolyó was leading the mental observation ward at Saint Roch Hospital

The ties to Vienna and to the German speaking academic world were obviously strong (German and Latin were the languages used at the university up to the early 1860s),³ some of the Hungarian doctors were trained at the Vienna University of Medicine, and many studied in Vienna or Germany with scholarship. But it was not exclusive. These professionals travelled widely throughout Europe, visiting many foreign institutions. Most of them had distinct types of experience working at different institutions (asylum, clinic, university) at the same time.

In 1867 the general hospital supply in Hungary was underdeveloped. Only 44 hospitals and other healing institutes existed, with only 4500 beds for a 13,5 million population. Development in this respect was considerable. For a population of about 16 million, the country had 263 hospitals (prison hospitals excluded) with 17000 beds by 1896. These numbers are still low compared to the 625 hospitals with 38000 beds in Austria with a population of approximately 17 million (Kovács and Katus 1987: 1119, 1129).

in Budapest. Appointed Privatdozent of mental health in 1866. From 1868 head of the ward, from 1899 director of Lipótmező state mental asylum in Budapest.

Gyula Niedermann (born in Esztergom, 1839) completed his medical studies in 1862, then worked at the Schwartzer asylum for seven years. He taught forensic medicine at the Faculty of Law in Budapest from 1865. Niedermann became head physician in charge of the male ward at Lipótmező from 1869, and was appointed the second director of the asylum between 1884 and 1899. He made long European round-trips visiting different institutions in 1890 and 1896. Niedermann gained his reputation for the modernisation of Lipótmező, and later founded a private mental sanatorium.

Károly Laufenauer (1848–1901), see details in the main text.

Jenő Konrád (born in Veszprém, 1854) completed his studies in Budapest in 1879, and for three years was a physician at Lipótmező. Konrád spent three years studying abroad, with Meynert and Leidersdorf in Vienna, and Magnan in Paris. He also visited English, French and German asylums. Subsequently he was a practitioner at Lipótmező and Vienna state mental asylums. From 1886 he was appointed the director of Nagyszombat mental asylum, from 1905 to 1910 that of Lipótmező, and from 1910 the director of the Schwartzer private asylum.

Károly Lechner became director of the Angyalföld mental asylum in the 1880s, then professor of mental pathology at Kolozsvár University, Transylvania. Around Lechner and the psychiatric department of that university, another important intellectual community developed complementing the Budapest school.

Ottó Babarczy-Schwartz, son of Ferencz Schwartz, became the ward doctor and – after the death of his father in 1889 – the owner and director of the Schwartzer asylum. In 1883 Babarczy-Schwartz became Privatdozent of forensic mental pathology at the Faculty of Law in Budapest. His endeavours to settle the legal conditions and defence of the mentally ill, together with his comprehensive works on the issue filled a huge gap in the history of Hungarian psychiatry.

³ The Budapest Royal Medical Association was established in 1837 (Salacz 1937: 1), a few years after the first medical journal in Hungarian, the *Medical Archive* (*Orvosi Tár*) was published with intervals from 1831–1848. From 1851 the *Medical Weekly*, and from 1861 the *Medicine* became the two significant forum for professional publications in Hungarian. Serious translation projects assured that new theories as well as basic works are available to Hungarian students in their mother tongue.

In 1857 the first mental ward for treating 35 patients was opened at Karolina hospital in Kolozsvár. In the 1860s two further mental asylums were opened.

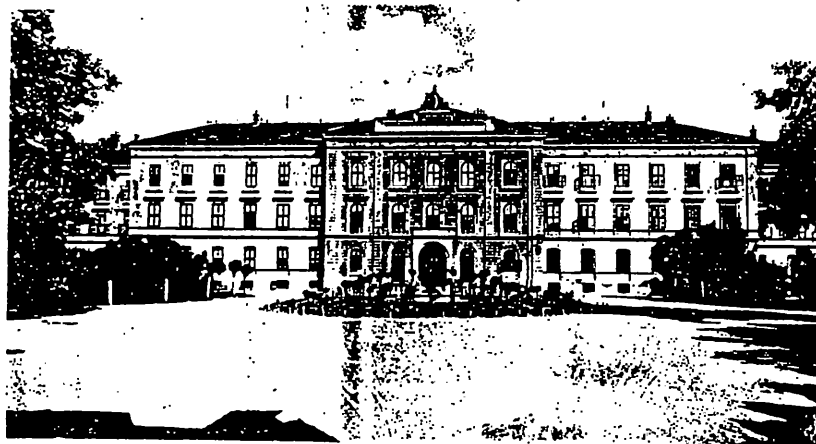


Figure 1. Nagyszeben State Lunatic Asylum

The Nagyszeben asylum with 200 beds (Transylvania, 1863) and the *Lipótmező* National Lunatic Asylum⁴ in Budapest (1868). Lipótmező soon became one of the centres for providing young psychiatrists with basic training in mental pathology.

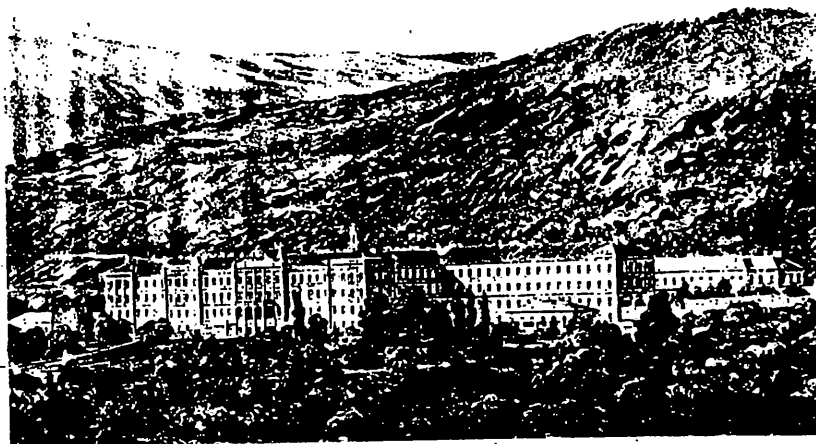


Figure 2. Lipótmező National Lunatic Asylum

The first director of both institutions was *Emil Schnirch*,⁵ trained in Vienna, to be followed in his chair by the Schwartzer students Niedermann, Bolyó, and Konrád. The newly built

⁴ See its history in Chapter 6.

⁵ *Schnirch* (born in Budapest, 1822) received his medical diploma in Vienna in 1846, and for four subsequent years was trained as an obstetrician and surgeon. Then he worked at the mental ward of the Lazareth hospital in Vienna for four years. After returning to Budapest, he visited German, French, English, and Belgian asylums on state money before he became the first director of the Nagyszeben state mental asylum in

asylums soon got overcrowded, and a third state lunatic asylum with 254 beds was opened in Angyalföld (Budapest) in 1884. Originally, this asylum was to admit only incurable and dangerous mental patients, but in practice it admitted curable patients as well.

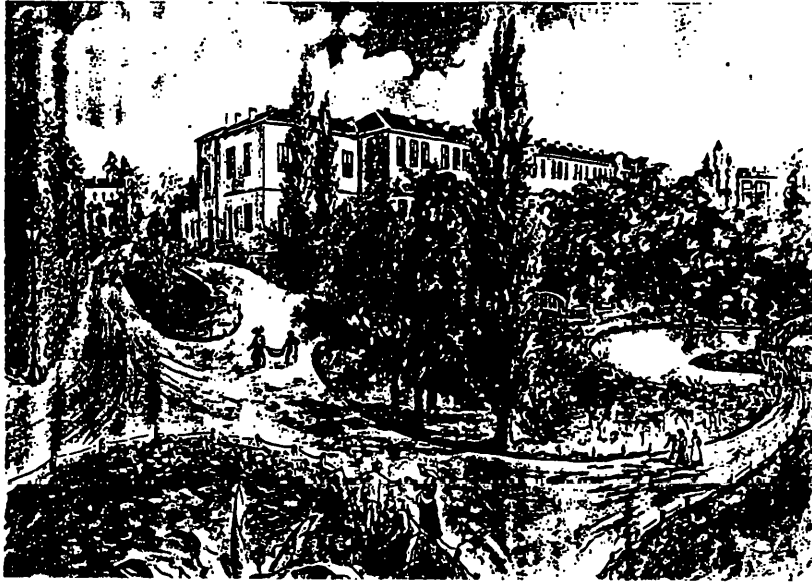


Figure 3. Angyalföld State Lunatic Asylum

Its name was changed to Angyalföld Mental Institute in 1897 (*Ministry of Interior* 1900: 4). To ease overcrowdedness, the Hungarian government provided 300 more beds for mental patients by turning the old county hall of Szabolcs County in Nagykálló into a state asylum in 1896. In the following years, numerous hospitals in the country set up wards for the treatment of mental patients in Kaposvár (1880), Szekszárd (1885), Gyöngyös (1896), Nyitra (1898), and Gyula (1898) (*Ministry of Interior* 1900: 5-8).⁶

The number of beds was still insufficient for the accomodation of all mental patients in the country. If we can believe István Hollós' figures from 1909,⁷ before the Lipótmező mental asylum was opened in 1868, only about 500 beds had existed for the

Transylvania in 1863, just to leave that post five years later and become the director of Lipótmező.

⁶ Contemporary psychiatrist Kálmán Pándy fiercely criticised this practice because the two large state mental asylums got rid of their „incurable” patients by sending them to these newly and inadequately set up departments which lacked professional nurses and psychiatrists. Pándy claims that there was no control of the patients' admission and conditions (Pándy 1905: 384).

⁷ István Hollós was physician of Lipótmező mental institute for almost three decades. He published an article with statistics concerning 40 years of the Lipótmező patient population in the *Medical Weekly* in 1909.

mentally ill in Hungary, while by 1909 their number was high above 6,000 (Hollós 1909: 77). In spite of this development, only a portion of the sick could seek hospitalisation. According to the 1895 census, there were altogether 25,071 mentally ill people in the approximately 16 million Hungarian population (21,736 in the countryside, 1852 in towns, and 1483 in state asylums) (*Ministry of Interior* 1900: 4-7). This means one mentally ill among 640 persons (1:640), a figure, which the writer of the *Ministry of Interior report* claims to be much lower than in Western European countries (where the ratio is 1:300). This low ratio is attributed to the insufficient method of the census, and the inability of inquirers to recognise the mentally ill (*Ministry of Interior* 1900: 4-7). In 1900, the new statistics already claims that there is one mental patient for 390 people (1:390) (Pándy 1905: 392).

As we can see, the critique of Foucault's thesis on the "great confinement" as put forward by Scull, Porter, and Shorter applies not only to the Western countries of Europe, but is especially relevant for Hungary.⁸



Figure 4. Nagykálló State Lunatic Asylum

⁸ See Roy Porter "Foucault's Great Confinement," in *History of the Human Sciences* 3, 1990, p51, quoted by Scull 1993: 5-8; Shorter 1997: 5.

Mental asylums provided space mostly for confinement, treatment, and post-mortem dissection. By this time anatomical and histological research had come to the fore throughout Europe as a result of the nineteenth-century revolution in medicine. The expansion of research schools, teaching hospitals, and the increasing availability of scientific equipment made clinical and laboratory experiments possible and desirable. It was *Károly Laufenauer* (1848–1901) who established histological and neurological research in Hungary and succeeded in including the systematic study of mental pathology into the medical curriculum (see Moravcsik 1906a; Schaffer 1928).

Laufenauer⁹ was born in 1848, the year of the Hungarian revolution, and died suddenly in 1901, at the age of 53. He went to elementary and high-school in Székesfehérvár (Hungary), and studied medicine at the Medical Faculty in Budapest. Born into a not well-off bourgeois family, he had to teach during his university years in order to provide for himself, which might have contributed to his becoming a very hard-working and tireless researcher and practitioner. Parallel to his studies, he found time even to publish short novels and articles (Kétli 1902: 2).

After receiving his medical diploma at the Medical Faculty in Budapest in 1873, Laufenauer worked at the Schwartzer asylum for three years. It was here that he fell in love with psychiatry, and decided to dedicate his life to clinical practice, teaching, and research. In 1876–77 he spent one year with a scholarship studying with great figures of the Austrian and German schools of neurophysiology: Meynert in Vienna (brain histology, normal and pathological anatomy of the central nervous system, and the methods of its microscopic observation) and Westphal in Berlin. While the other Schwartzer students made their careers in the asylums, Laufenauer did not neglect neurology and continued histological research even during the three years he worked at Lipótmező mental asylum. In 1881 he broke with the asylum, and continued to practise at Saint Roch Hospital. He

⁹ My account of Laufenauer's life is based on three memorial speeches, see Kétli 1902, Moravcsik 1906a;

became Privatdozent of mental health and pathology in 1878 and Professor Extraordinarius in 1882 when he founded the Department of Mental Health and Pathology at the Medical Faculty.¹⁰ In 1891 he became full professor (Professor Ordinarius) of mental pathology and neurology, and was elected corresponding member of the Hungarian Academy of Sciences (1898).

At a time when several new sub-disciplines emerged and different professional medical groups competed for recognition and authority, Laufenauer endeavoured to secure psychiatry and neurology an increasingly prestigious place within the medical sciences. The foundation of the Department of Mental Health and Pathology at the university entailed the establishment of academic research in psychiatry. This was followed in 1892/93 by the establishment of the Department of Forensic Mental Pathology by Laufenauer's pupil and later colleague *Ernő Moravcsik* and, in the following year, by that of the Department of Neurology under the direction of *Ernő Jendrassik*.¹¹ Within a few years mental pathology and neurology became obligatory subjects for medical students.

Schaffer 1928.

¹⁰ In 1882 the Parliament voted a budget for setting up the department. The Minister of Religion and Education, Ágoston Trefort, appointed Laufenauer Professor Extraordinarius to enable him to become the head of the department. Before that, only Privatdozent (Ferencz Schwartz, Bolyó, and Laufenauer) taught mental pathology and treatment at the Medical Faculty.

Laufenauer was given an assistant, and the patient material was provided by the observation ward at the Saint Roch Hospital (called by the name 'clinic'), also led by Laufenauer since 1881. In 1884 the director of the hospital, Lajos Gebhardt provided a room with 12 beds for neurological patients, and placed it under Laufenauer. In 1886 and 1888 two new positions were paid: a research assistant ('gyakornok') and an assistant doctor joined the department. Laufenauer bitterly criticised the decision which moved the observation ward to Buda to the Saint John's Hospital in 1889. He believed that the ward moved so far from other university buildings lost its educational functions. While 60-80 students studied at the clinic in the previous semesters, after its move, the number of students decreased to 30-60.

The annual patient admissions of the clinic between 1882-1889 were 600-700. Later the Interior Ministry constrained patient admissions mainly to the region of Budapest, thus in 1895 the number fell back to 400 per year. By 1896 the clinic had two parts: the observation ward of mental patients in Buda and the neurological ward in Pest on the campus of the Medical Faculty (Üllői Street). The latter had a room for histological research, and 6 beds for female patient. There was also an ambulatorium for neurological patients from 9 to 12 in the mornings. While there were only 50 patients in 1882, by 1895 the clinic treated 1700 outpatients a year (Laufenauer in Högyes 1896: 536-538).

¹¹ *Moravcsik* (born in 1858) received his medical diploma in 1881. From 1883 he was assistant doctor at Laufenauer's mental ward at Saint Roch Hospital. He became Privatdozent of mental pathology in 1887, Professor Extraordinarius of forensic mental pathology in 1892. *Moravcsik* was appointed the first director of the University Psychiatric Clinic in 1908. He also travelled widely in Europe visiting important institutions in Germany, France, England, Belgium, and Switzerland.

Jendrassik (1858-1921) received his diploma as a trained neurologist and doctor of internal medicine. Shortly after completing his university studies, he published the result of his study of the reflexes. It made him famous and got him a one-year scholarship abroad. (His classification of the different reflexes

Since there was as yet no university clinic for the mentally ill, Laufenauer used for his observation the patient material at Saint Roch Hospital. He was working hard to establish a separate university clinic of mental health. This was finally built in 1908 and Moravcsik became its director.

Considering his training and interests, Laufenauer was a dedicated neurologist¹² who believed that mental and neurological disorders were somatically grounded. His school combined the study of mental pathology with neurological research, complementing clinical observation with anatomical and histological research. Many of his students became outstanding psychiatrists and neurologists: Moravcsik, *Károly Schaffer* (1864–1939, famous brain neurologist), Artur Sarbó, Kálmán Pándy, Pál Ranschburg, Imre Décsi, just to mention a few.

Laufenauer was the first in Hungary to thoroughly study hysteria and hypnosis (even at the cost of neglecting histological research for a long time), followed by a number of psychiatrists and neurologists, among them Jendrassik and Moravcsik being the most important. These three doctors produced the first Hungarian comprehensive studies and schoolbooks on hysteria and hypnosis.¹³ In 1883 and 1884 Laufenauer made a number of presentations of hysterical patients and conducted hypnotic experiments with hysterical women in front of the medical faculty and the Budapest Royal Medical Association. (See a list of demonstrations of hysterical patients and hypnosis in front of the Royal Medical Association in Appendix 1.)

and method of observing weak reflex activity became internationally accepted and the latter was named after him.) He also researched inherited degenerative diseases and neurosis. In 1884 he studied with Meynert in Vienna, in 1885 with Charcot at the Salpêtrière. Upon his return, Jendrassik started his experiments with hysterics and with hypnotism. He was an outstanding neurologist.

¹² It is difficult to define Hungarian doctors as psychiatrists or neurologists, since the Hungarian terminology of the period is inconsistent and confusing, and also inconsistent with today's terminology. This is the time of the institutionalisation of these disciplines, and most of these doctors were originally trained as internists, obstetricians, etc. Terminology also varied according to the type of institution the doctor worked at. But a doctor like Laufenauer had years of experience in a mental asylum as well as at a clinic, and lectured at the University. In some bibliographies he is also labelled as "surgeon and obstetrician." Jendrassik was trained as an internist, did research as a neurologist, and had clinical practice as both neurologist and mental pathologist.

The eminent Austrian psychiatrists, Meynert and Krafft-Ebing¹⁴ visited his ward and were impressed by his research. Striving to find the organic causes of hysteria, Laufenauer meticulously studied its motor and sensory symptoms – visual and aural problems, hyperaesthesia – endlessly measuring and scrutinising, experimenting and comparing. Following the famous Parisian neurologist, Charcot's school, Laufenauer and Jendrassik equated the hysterical and the hypnotised conditions, but they also found the therapeutic value of hypnosis important, which was rather characteristic of the Nancy school. Such an opposition between the two schools as described within the French context does not seem to have characterised the Hungarian psychiatric circles, but more research should confirm it.

The nineteenth century is the period of the mass-scale appearance and democratisation of hysteria (it ceased to be an exclusively upper-class female disease, and spread to all segments of the population crossing gender and class boundaries, affecting males and the poor as well).¹⁵ Even if Laufenauer, Jendrassik, Moravcsik and other Hungarian psychiatrists – similarly to Charcot – did not deny the existence of male hysteria (or hysteria in children), the incidence of female hysterical cases by far outnumbered that of male cases.

For many centuries, medical approaches to hysteria sought mostly – but not exclusively – its organic causes. The traditional explanation involved reference to the dysfunction of the womb (an idea which, although largely refuted in the late-nineteenth-

¹³ "Hysterical Mental Disorder" in Moravcsik 1897: 336–368; "Hysteria in Jendrassik" 1914: 437–450; chapter on hysteria by Laufenauer in Bókay et al. 1899.

¹⁴ Richard von Krafft-Ebing (1840–1902), celebrated psychiatrist, sexologist, and forensic expert. He completed his medical studies at Heidelberg University, and was a junior doctor in the Illenau mental asylum in Germany for 5 years. Appointed Professor Extraordinarius at Strasbourg University in 1872. From 1873 to 1889 worked at the Graz Clinic, between 1889 and 1902 in Vienna. He published widely in general and forensic psychiatry, but became most famous for his book *Psychopathia sexualis* (1886) (reprinted more than ten times in his lifetime, and translated into several languages). On Krafft-Ebing see Hauser 1991. Krafft-Ebing is often seen as the key figure in late-nineteenth-century sexology, author of the first comprehensive study of sexual perversions identifying its four variants: the homosexual (person with 'contrary sexual feelings'), the sadist, the masochist, and the fetishist. Within the modern conceptual framework of psychiatry, homosexuality is distanced from its traditional anatomical explanations, and seen for the first time as a disease (of the sexual instinct), forming an integral part of the personality (see Davidson 1987).

century, still popped up in some works¹⁶), the nervous system or the brain. Nineteenth-century neurology (in the midst of the earlier described medical revolution and institutionalisation) wholeheartedly subscribed to the traditional somatogenic theory. From time to time, however, psychological explanations and psychogenic theories of hysteria were developed. As Roy Porter and G. S. Rousseau pointed out in their introduction and essays in *Hysteria Beyond Freud* (Gilman et al. 1993),

Freud was not the *beginning* of anything new in the history and conception of the condition but rather the *end* of a long wave. (...) The Viennese founder of psychoanalysis was not the kingpin of a new province of *hysteria* – however the condition or the category was defined – but the thinker best able to marshal the resources of an already rich kingdom that had seen itself rise and fall many times in the past (Porter and G. S. Rousseau 1993: IX.).

By writing the almost three-thousand-years medical and cultural history of the theories of hysteria, and by “launching” psychoanalysis “from the base of *medical* hysteria as it was construed in the late nineteenth century,” Porter and Rousseau seek to do justice to many forgotten men of medicine whose work should not be measured by the “Freudian yardstick.”

Jendrassik, like a number of other conservative and prestigious professors, vehemently refused psychoanalysis and was consistently hostile till the end of his life towards its Hungarian representative, Sándor Ferenczi (1873–1933).¹⁷ In the 1914 *Textbook of Internal Medicine* Jendrassik wrote the chapter on hysteria. At the end he refers to sexology and psychoanalysis as “pornography in disguise” and claims that treatment which consists of the “molestation of the patient with the most indecent questions in private interrogation (...) is a real menace to young women.” (Jendrassik

¹⁵ From the wide literature on gender- and class aspects of nineteenth-century hysteria, see Gilman et al. 1993, Micale 1991.

¹⁶ Even though Laufenauer and others denied the uterine theory of hysteria, the ovaries still constituted ‘hysterogenic’ points, and there was still a heated debate among Hungarian gynaecologists and psychiatrists in the *Orvosi Heti Szemle* over the use of ‘castration’ of the ovaries to cure hysteria (*Medical Weekly Review*) 1889 VI (24): 779–781.

¹⁷ Ferenczi completed his university studies in Vienna in 1896, returned to Budapest and started to work at Saint Roch Hospital treating prostitutes of venereal diseases. Ferenczi, who from the beginning wanted to deal with psychiatric patients, became assistant physician in 1900 under Schaffer at the neurological and

1914: 448–449). Jendrassik had a direct influence on Ferenczi's career, and thus indirectly shaped the history of psychoanalysis in Hungary.¹⁸ Though paradigmatic for leading neurologist circles, his attitude was not the only possible one. At a time when Freud's name was uttered only with contempt and psychoanalysis received harsh criticism, Moravcsik claimed in his 1913 book (*Az idegbetegségek gyógyítása [The Cure of Mental Disorders]*. Budapest: Franklin) that Freud's method offered a glimpse into the mysterious mechanisms of the psyche and represented a new direction of scientific research (Harmat 1994: 149). A few young psychiatrists deeply influenced by psychoanalysis – such as Lilly Hajdu (1891–1960) and the writer Géza Csáth (1887–1919) – started their career at the ward of Moravcsik.¹⁹ And it was Moravcsik himself who suggested to Ferenczi in 1918 that he apply for the position of a Privatdozent with his official support (this time Ferenczi failed to be appointed) (Harmat 1994: 56).

Much research is needed to explore the interplay or overlap between organic and psychological theories of mental disorders in turn-of-the-century Hungarian medicine – with special emphasis on its social relevance. I wish to emphasise, however, that, without the developing asylum system from the middle of the century,²⁰ and without the endeavours of neurologists like Laufenauer and Moravcsik (true representatives of

psychiatric ward of the Erzsébet Szegényház-Kórház (Elizabeth Work-house Hospital). In the same year he started private practice as a psychiatrist and general practitioner.

¹⁸ Following their unsuccessful demands in 1918–1919 winter that Ferenczi (who was not yet a Privatdozent) give lectures on psychoanalysis at the university, students wrote a letter to the Minister of Education requiring regular lectures on psychoanalysis. To provide information on the question at the request of the Ministry, the Dean asked Jendrassik to write a report. Jendrassik rejected the idea of Ferenczi's appointment as Privatdozent, and claimed that the “false doctrine” of psychoanalysis is not taught at foreign universities, and the greatest scholars (giving a long and illustrious list of foreign professors) reject the “pornography and interpretation of dreams” calling itself psychoanalysis (Harmat 1994: 93–97).

¹⁹ Csáth was assistant at the neurological clinic of Moravcsik between 1910 and 1913. Moravcsik was definitely supportive of the young psychiatrist who wrote the study *Az elmebetegségek pszichikus mechanizmusa (The Psychic Mechanism of Mental Disorders)* in 1911 (Harmat 1994: 75, 154).

²⁰ In addition to the clinical and university establishment of psychiatry, the modernisation of mental asylums in the second part of the century was also crucial for the development of the psychological theory of mental disorders. As Porter claims, the intellectual roots of a psychological theory of hysteria “lie in lunatic asylum reform around the turn of the nineteenth century. Leading asylum superintendents (...) repudiated traditional organic nosologies and medical therapeutics as misconceived and inefficacious” and found treatment based “on psychological principles, by appeals to reason, humanity, and the feelings” necessary (Porter 1993: 261). It is evident from the biographies of first-generation asylum directors in Hungary that many of them received their primary training at the Schwartzer asylum in which Schwartzer avoided the use of coercive means, and advocated work-therapy instead (Moravcsik 1906b: 38–42). They were highly educated professionals who

positivistic scientific approach) to establish and develop clinical research in mental pathology, to conduct experiments on neuroses such as hysteria and neurasthenia, and to write the first comprehensive works on mental disorders in Hungarian, there would have been no favourable institutional and intellectual environment for psychoanalysis in this country.

Ilma was born in 1860 in a large Catholic family of fifteen as the eldest daughter of a wood and leather merchant. Her authoritarian and aggressive father seems to have never shown her either love or understanding. He sent her to a convent at the age of three to receive education, making her feel exiled from the family. The mother's figure is much more obscure. She seems to have been a loving person who often tried to defend Ilma from the father's aggression and improve the relationship between father and daughter. But she seems to have always yielded to the will of the husband and thus was unable to secure Ilma a place in the family (Laufenauer 1885; Jendrassik 1887, 1888a).

At the age of 17 or 18, Ilma spends the summer with her family and falls in love with his cousin Emerich staying in her father's house. They have an affair. Learning of the situation, the father immediately sends her back to the convent. Turning 19, she can bear convent-life no more and escapes by jumping out of a window. Although injured falling on the ground, she runs home to her family where instead of understanding, a furious father awaits her, threatening to beat her (Ilma in Laufenauer 1885). She falls ill, exhibits dramatic physical symptoms (including convulsive fits, frequent headaches, dizziness and faints), and has to stay in bed for about nine months. After her recovery in 1879 she is no longer willing to bend to her father's will (his wish that she return to the convent, or endure his aggressive behaviour toward her) (Ilma in Laufenauer 1885). Stealing a large amount of money from her father, Ilma escapes to another town where, in order to establish an independent life, she fakes a male identity.

Dressed as a man and using forged documents, Ilma – alias Gyula (Julius) Horváth – finds a job, and for one and a half years she earns her living as a tutor at a landowner's family. In 1881 she moves to Budapest where she earns twice as much at a railway construction company. Ilma completely deceives the people around her: she frequents

restaurants with her male colleagues, drinks, smokes and goes with them even to brothels where, however, she is “not willing to prove her sexual capabilities” – something her colleagues note with curiosity (Laufenauer 1885: 68).²¹

In the meantime Ilma became a thief.²² In one case she gave herself up to the police in order to save her friend arrested instead of her (Ilma in Laufenauer 1885: 72; *Pesti Hírlap* 1883; *Budapest* 1883). Since Ilma behaved strangely and had fits, the police sent her over to the hospital for medical and mental inspection. In 1883 and January 1885 she spent weeks in the Saint Roch Hospital, and was diagnosed as hystero-epileptic. In April 1885 Ilma was arrested again for stealing silver, and the court sent her to the hospital again for psychiatric observation in order to obtain an opinion on her mental state. The head psychiatrist, *Károly Laufenauer* published the case and his psychiatric opinion together with Ilma’s autobiographical “her-story” in the supplement to the *Medical Weekly*. Laufenauer diagnosed Ilma as a hystero-epileptic (mentally and morally incompetent). Ilma was thus not taken to court and was treated at the hospital. Since her father committed suicide after her arrest was published in the press in 1883, Ilma was put under the custody of the remaining men in the family. Her brother-in-law was to provide shelter for her, while her brother was named as her guardian (Krafft-Ebing 1889: 15).

Ilma could not accept being among relatives who looked at her as if she were mad (“regarded as irresponsible,” Ilma in Krafft-Ebing 1889: 15). She escaped and refused to give up her accustomed way of life. In 1886 she was repeatedly arrested for theft, and her final court hearing in December of the same year received wide publicity in the papers. The accused Vilma (sic!) Szekulics faced some thirty women who all claimed that she was

²¹ The translations of the Hungarian sources are mine.

²² “The Cunning Thief,” an article published in the *Pesti Hírlap* and the *Budapest* informs us that by 1883 the police were looking for Ilma for several cases of theft committed during the previous year. “...(U)nder several pseudonyms, and equipped with the necessary certificates, she found jobs as a housemaid, and was eager to earn the complete trust of her mistress. But she stayed at one place only until she found out about the valuables, then took most of them and escaped. She always returned to her own flat in the capital, where, in order to deceive the investigation, she immediately changed into male clothes. When the case was somewhat forgotten, she put on her female dress again, found a job as a housemaid, and repeated the same manoeuvre” (*Pesti Hírlap* February 13, 1883; *Budapest* February 13, 1883).

an impostor tricking and fooling people in a nun's habit in the capital (Tuszkai 1887: 186).²³ This time the forensic doctor *Sándor Ajtay* was charged to observe and judge her mental and moral competence (Krafft-Ebing 1889: 15-16).

The court sent her to Lipótmező state mental asylum, but since Ajtay believed her suggestibility was valuable for medical research, he did not want her to simply vegetate among the insane. He sent her to Dr. *Ernő Jendrassik* at the Clinic of Internal Medicine. From the beginning of 1887 until October Jendrassik conducted a number of hypnotic experiments with Ilma. On March 5, 1887 he took her to the weekly session of the Budapest Royal Medical Association to demonstrate on her his hypnotic experiments. He subsequently published his findings and theory of hypnotism in Hungarian and German (Jendrassik 1887, 1888a, 1888b). After 9 months, however, Ilma had had enough of the "unending experiments" and escaped from the Budapest clinic to Graz (Krafft-Ebing 1889).

In two weeks time, on October 20, Ilma was arrested for theft in Austria, and since she behaved very strangely, she was taken to *Richard von Krafft-Ebing's* ward in the Neurological Clinic of Graz. Krafft-Ebing also conducted numerous hypnotic experiments on Ilma, who became probably his most important patient in the field of hypnotism.²⁴ He published a 130-page long dissertation on the experiments; but she also appeared in the subsequent editions of Krafft-Ebing's famous *Psychopathia sexualis* as a woman with acquired contrary sexual feelings (Krafft-Ebing 1908 [1886]).

After seven months in Krafft-Ebing's ward, Ilma was sent back to Lipótmező mental asylum in Budapest. Krafft-Ebing corresponded with the director of Lipótmező, Károly Bolyó on Ilma's state. Subsequent editions of *Psychopathia sexualis* included Krafft-Ebing's satisfied lines assuring us that after two (in fact: three) years in the asylum

²³ Dr. Ödön Tuszkai published a popular article on hypnotic sleep in the weekly for higher middle and upper class ladies, *Magyar Salon*, which he began with Ilma's trial.

²⁴ On Krafft-Ebing's experiments in hypnotism and his treatment of Ilma, see Renate's 1991 doctoral dissertation (Hauser 1991). I thank Roy Porter for sending me a copy.

Ilma was cured and dismissed (Krafft-Ebing 1908 [1886]: 191–192). My story, if not Ilma's, ends here.²⁵

²⁵ I found no sources to follow Ilma after leaving the Lipótmező asylum.

Chapter 2. Strategies of Doctor and Patient

Although the reconstruction of the power relations between doctor and patient, man and woman, judge and criminal undoubtedly reveals the abusive nature of institutionalised and gendered power, as well as the constraints imposed by scientific knowledge, the picture proves to be more complex. By highlighting individual strategies, negotiations and manoeuvres both in actions and texts, I wish to demonstrate the “power of the powerless” to invert – if only temporarily – power relations. In spite of being in the threefold disadvantageous position – woman, criminal, sick – Ilma could win battles, even if she finally lost the war.

The authority of Laufenauer derives from at least two sources. As the medical expert before court, he is scientific knowledge incarnate. This position is grounded within the scientific community which reads and approves of his case descriptions. Laufenauer's sole objective seems to be to promote his professional career and maintain his authority as a doctor and an author. The debated evidence value of psychiatric expertise in the prevailing legal practice complicates this simple picture. First, Laufenauer's formulations in his psychiatric opinion for the court are in no way definitive. Contemporary Hungarian law and judicial practice considerably restricted the medical expert's influence on court decisions. Co-operation between the court and the medical community was not smooth. In 1893, eight years after Ilma's case, Laufenauer published a polemic paper in the *Treatises of the Hungarian Lawyers' Association* in which he still heavily criticised the judicial practice of revising or entirely ignoring medical opinion on the mental and moral competence of the accused (Laufenauer 1893: 1–15). The ultimate decision concerning a person's mental health was made by the judge. Although the court obtained – and in most cases took into consideration – a medical opinion, it was merely “informative” from the legal point of view and not binding for the judge (Babarczy-Schwartz 1895: 8).

Secondly, as we learn from Laufenauer's 1893 polemic, "10–12 years ago psychiatrists were still missing from the courts, at least in criminal cases." There were court doctors but without training or clinical practice in psycho-pathology (Laufenauer 1893: 9). At the time of Ilma's case in 1885, the authority of psychiatric opinion was not yet fully established. Psychiatry had just been introduced to the curriculum in medicine, and there was as yet no separate psychiatric clinic. Thus the stakes were high, and it was of strategic importance to emphasise the competence of the psychiatrist in judging the accountability of the accused. Laufenauer's position was less powerful than it would at first appear. As an expert, and especially as a psychiatrist, his aim would be to gain wider acceptance and prestige for his profession.¹

Ilma's position requires less explanation. Her obvious and clear motive in composing her own story is to present herself as a victim. Laufenauer tells us that Ilma gave him her autobiography a few days after he had finalised his medical report. It is indeed likely that Ilma took the initiative here. She suggests that she felt the need for self-expression. Ilma uses the words: "*my* story, that is *my confession*" in her first sentence. She *confesses* her story to the psychiatrist, wants to give *her own* version, in order to defend herself, to explain the circumstances of her life and actions, and to elicit the sympathy of the psychiatrist, whom she believes to be in a position to decide about her future. At the end of her account she returns to the same rhetoric, and asks the psychiatrist "with hands put together, to have mercy," and begs his "forgiveness" (Ilma in Laufenauer 1885: 71, 74). With the word "confession" in the first line, Ilma immediately sets up the confessor/sinner and judge/priest/forgiving parent relationship in which she occupies the subordinate position. She acts upon her role as the patient in need of help. This young woman, who previously dressed and lived as a man for years, here reconstitutes herself as a

¹ Although there is no indication that Laufenauer would dramatically and deliberately change the facts of Ilma's case, he presumably wanted to present it in a convincing and even impressive manner (perhaps this accounts for the unusual publication of Ilma's story, too), in order to strengthen the authority of his profession.

woman again by employing a moralising rhetoric which refers to the weak and fallible nature of woman in need of the support and understanding provided by a man. Thus Ilma emphasises and exploits the traditional power-relations between doctor and patient, man and woman, judge and confessor.

The different strategies Ilma chose to negotiate her own story and the alternative interpretations by doctor and patient can be best illustrated on a few selected themes and episodes (Ilma's childhood experience; the figure of the father; Ilma's fall from virtue; and the escape from the convent). It is then complemented with the analysis of how the same topics were reinterpreted by Ilma within two years. In 1887 Krafft-Ebing published parts of Ilma's second autobiography which she wrote for him during her treatment at the Graz clinic. In this Ilma clearly reconsiders the role of the father and his cousin as well as her reason for escaping from the convent. Certain deviations between Ilma's first and second autobiographical writings also reveal her ability to exploit knowledge gained during her medical treatments.

Alternative Interpretations

When writing about her crucial *childhood experiences*, Ilma mentions rejection by the father, exile from the family, and the harshness of convent life. Ilma explains that due to these factors, "I lost my childhood gaiety and turned into a pensive, melancholic child hiding from people" (Ilma in Laufenauer 1885: 71). While Ilma's own description directly invokes *melancholia* here (and thus gives rise to the sexually neutral image of the sad and shy melancholic child forced into solitude), Laufenauer's account enumerates the features of *hysteria*, evoking the uncontrollable and sexually-charged figure of the hysterical child:

The *mysticism* of convent life only enhanced her dispositions to turn into herself and *indulge in fancies*. *Avoiding company* even at home, she *liked* to retreat into the quiet *shades of the garden*, or to frequent the *gloomy, foliated forest* where she could engage in *daydreaming* without any disturbance. ... At school she enjoyed

immersing herself in the *intricacies of mythology* where her *restless soul* always found nourishment.” During her holidays at home, the girl “*passionately gave way to her romantic dispositions*. Sober thinking lost control over the *stormy waves of temperament* and she judged the world under its influence (Laufenauer 1885: 67, ital. mine).

In this description, Laufenauer’s adjectives, rhetorical devices, stylistic choices and metaphors utterly determine the picture of Ilma for the reader. Ilma appears as a restless, nervous person with strange desires who deliberately chooses and enjoys solitude and withdraws from others, into herself, in order to give free vent to her dreams and imagination. The places she frequents are mystical, shady and gloomy. Her emotions sweep away her control, she is unbridled and irrational. Without ever mentioning the word hysteria at the beginning, Laufenauer implicitly evokes it by alluding to some of its best-known markers. Laufenauer retrospectively projects the picture of the hysteric on the young girl in order to make her adult hysteria all the more evident.²

While Ilma emphasises the sadness she found in loneliness, and the pains rejection by the father caused her, Laufenauer adjusts Ilma’s personality to the notion of the “introvert” child who passionately seeks solitude.³ Laufenauer draws the portrait of the restless, introvert, neurotic child constantly craving solitude and longing for the mystical, the forbidden. Thus presumed attributes of the nervous and sexually unappeasable woman were not only present in everyday thought, they also formed an integral part of the medical concept of the hysterical character.

² The textbook description of hysteria uses similar metaphors. Hysterical women “exhibit an *inclination to daydream*, they like the *romantic*, the *mystical*, to have their *imagination excited* and, due to their *increased imaginative power*, they *build castles in the air* and *adore non-existing ideals*” (Moravcsik 1897: 348, ital. mine).

³ As Thomas Laqueur claims in his essay on nineteenth-century masturbation, the ‘solitary vice’ was conceptualised as withdrawing into the self, turning inward, directing sexual energies back to the body. Behind its vehement condemnation, Laqueur detects the social anxieties surrounding asocial attitudes (Laqueur 1989). Roy Porter also mentions Victorian psychiatrists and physicians “who saw hysteria as the penalty for excessive introspection, especially when accompanied by a- or anti-social dispositions and, worse still, by auto-erotism” (Porter 1993: 247). Even if I do not claim that Laufenauer consciously associated Ilma’s behaviour with masturbation, the connection between hysteria and self-abuse was present in contemporary medical and moralising thought. Moravcsik also connects masturbation with hysteria (and mental disorder in general): “abnormally early awakening of the sexual instinct and its frequent satisfaction are usually due to an abnormal nervous system. ... *hysterical, neurasthenic and weak-minded children* soon immerse in sexual pleasures, partly via normal sexual intercourse, partly – and more frequently – via *self-abuse*” (Moravcsik 1897: 66, ital. mine).

Another example of Ilma's strategy is the *picture* she gives of the father who seems to be a key figure in her life. Both descriptions refer to the emotional trauma caused by the father's rejection. In the psychiatrist's description, the stern father is merely incapable of expressing his love for his daughter, while Ilma depicts him – although in a calm and respectful language – as an irresponsible and aggressive father. Where Laufenauer only speaks of the “threat” of a beating, Ilma evokes a furious man out of his mind who attacks her with an axe in his hand. In her account, the father leads a life of “debauchery.” His irresponsible speculations and overspending lead to bankruptcy, he becomes an alcoholic unable to provide for the family. No such details are mentioned by the psychiatrist.

Ilma portrays her father as a total social and familial failure, and herself as the victim of patriarchal aggression and deprivation of love. Such a strikingly critical attitude toward the father would have normally been considered inappropriate for a girl. But here it is the best strategy she can employ to establish herself as the victim. Her “confession” turns into a plea in her own defence. In Laufenauer's more laconic and less critical description, it is the father who becomes the victim of Ilma's deviant behaviour: he is said to have committed suicide after Ilma's arrest by the police (for wearing male garments). The father's suicide appears in Ilma's account as well. She also mentions that her brother accused her of contributing to their father's death, but she does not comment on it and ignores this point. She expresses no sorrow over the father's death, although in other cases she admits her responsibility in causing problems to others, and shows deep regret.

By the time Ilma is treated by Krafft-Ebing in Graz, the father constitutes an integral part of Ilma's disease history. Having been a drinker and committed suicide, his person becomes important from the medical point of view by increasing the probability of his mental dispositions being inherited by the daughter.

Apart from the psychiatric relevance of his person, the father still appears as responsible for Ilma's misfortunes in Ilma's second autobiographical writing. At the age of 16, Ilma was willing to take orders partly because of his father:

In my sixteenth year the Lady Superior of the convent asked me to take orders. I felt no peculiar vocation for the life of the order, but since all loved me, since I feared to leave the quiet place in which my childhood had been passed, and since it was my father's cherished desire, I consented (Ilma in Krafft-Ebing 1889: 4).

After her escape from the convent, she claims that her father believed she was a thief and "I could no longer endure the reproachful look of my father, and determined to go away" (Ilma in Krafft-Ebing 1889: 10). In her interpretation it was thus her father who made her leave her family for a second time as well.

The next example is Ilma's presentation of her love affair in which she *falls from virtue*. In both accounts, Ilma falls in love with a young man in her father's house during her summer visit to her family. Laufenauer briefly adds that "they were carried away so much in the affair that they even sought sexual pleasures," and when the father had realised the situation, he immediately sent Ilma back to the convent. There is no more mention of the relationship in the psychiatrist's account.

Ilma plays out the card of the weak and fallible woman again. First she writes about her decision to dutifully yield to her father's will and remain in the convent all her life, when

a feeling called love destroyed my promise and thrust me into the storms of life without a purpose. For to love and live for love's end is one of the rules of life, but to love without any purpose or prospects is a slow poison which embitters life and destroys even the most sacred of feelings. (...) I met a young man who stole my heart and the sanity of my mind. I forgot about my promise and yielded to the ecstasy of the moment, and he got what he wanted (Ilma in Laufenauer 1885: 71).

Here Ilma clearly appeals again to the widespread notion of ideal womanhood where the main purpose of woman's life is to give and seek love. She admits her sin in a moralistic and romantic rhetoric that also exempts her. In the nineteenth-century context, this way of

reasoning mostly exonerates woman by explaining her fall with her innate weakness, naiveté, and inclination to love unconditionally.

In her autobiographical writing for Krafft-Ebing, Ilma exchanges the romantic presentation of an irresistible love for a less passionate attachment which entailed not a sexual affair, but the possibility of matrimony:

The three years of my novitiate were nearly over. For the last time I received permission to spend my vacation at home. There I became acquainted with my cousin. He tried to persuade me not to return to the convent, because he loved me, and could no live without me. I had never heard such talk. What could I say? I knew that I was unfortunate, since I, too, loved him. My father was beside himself when he heard of this intended marriage. Emerich besought me to go with him without my father's consent, but I could not do that.

I returned to the convent with a broken heart (Ilma in Krafft-Ebing 1889: 4-5).

Rather than admitting her weakness, here she remains unstained as well as a dutiful daughter who follows the will of the father rather than of a possible husband.

My last example is the presentations of Ilma's *escape from the convent*. Ilma flees by jumping out of the window one night.⁴ In Laufener's account, the actual motive for escape is that the Lady Superior locked Ilma up for the night as a punishment for negligent behaviour. Ilma supports the doctor's report: "I was often rebuked and punished for neglecting my duties, and I was often nervous anyway, thus I decided to escape" (Ilma in Laufener 1885: 71-72). But her account also indicates a growing sense of frustration due to separation from the world and her lover. She enumerates several factors which led to her escape, among which probably the strongest motive (something Laufener does not

⁴ Unlike in presentations of shorter and less complicated cases of hysteria, here the actual cause of Ilma's disease is not clearly defined in Laufener's account. The first hysterical symptoms (convulsive fits, delirious states, collapses), however, appear after Ilma's escape from the convent. Laufener remarks that Ilma loses her balance after jumping out of the window and falls on the ground unconscious. It leaves slight bruises and scars on her face. This description suggests an external injury of the head (which was not considered a rare cause of hysteria), although Laufener does not explicitly make this connection. In a few days, "without any precedent," Ilma suddenly has convulsive fits, she becomes ill and has to stay in bed for the following nine months. Ilma is perhaps more explicit in this question. In her account, she tells us about two collapses, one right after the jump, and the second when her raging father approaches her with an axe in his hand upon her return home: "I collapsed, was ill from 2 February to 8 October, this is when I contracted this unfortunate disease which will be fatal to me, sooner or later" (Ilma in Laufener 1885: 72). Presented this way, the external hit on the head loses its primary significance, and the emotional shock caused by the father's wild behaviour becomes an alternative explanation for Ilma's hysteria. In Laufener's presentation, Ilma's own disorderly behaviour (her escape) leads to the disease, while in Ilma's story the father again becomes the scapegoat.

emphasise but which constantly recurs in Ilma's account) is her fear that she must stay in the convent for good.

In her 1887 second autobiography, her escape is presented in an utterly new light. Directly contradicting both Laufenauer and her own 1885 accounts which admitted Ilma's negligent behaviour and the punishments she got, Ilma here claims that she was "respected by the sisters, and enjoyed the favour of the Lady Superior." Here Ilma claims that, after her taking vows, she tried to accept her fate. Her lines suggest a sad reconciliation with her fate when "a stroke, as of lightning from Heaven, fell on me, and since that my life has been as nothing" (Ilma in Krafft-Ebing 1889: 5). In a novelistic style⁵ and detailed narrative, Ilma recounts a new story of her escape:

Among the sisters of the convent was a Sister Beatrix, the secretary of the Lady Superior, who was attached to me in an almost culpable degree. I considered her the example of all that was noble and good. Had she not been the teacher and guide of my youth? Ah, how I deceived myself!

One evening we went from the refectory to our cells. I intended to retire immediately, when Sister Beatrix entered and asked me to help her with her work. I consented. We might have worked until about ten o'clock, when I began to feel tired. Then she said I should allow myself to be put to sleep, and I could then work more easily. I allowed it. I awoke with a feeling as if I were seized from behind and could not go on. With force I tore myself loose, and the beads of my rosary rolled at my feet. The cross of my rosary had become caught in something, and I could not go on. I held an unfamiliar object in my hand. I wanted to cry out in terror, but some one prevented me, and pulled me along. I was so terrified that I followed without resistance. Arrived in the cell, I became aware that I held the cash-box of the Lady Superior in my hand, and Sister Beatrix stood before me pale and trembling (Ilma in Krafft-Ebing 1889: 6-7)

The new element in the story is that she was hypnotised by her favourite nun, and under hypnosis, was suggested to steal the treasury of the convent. Accidentally awakened in the middle of the hypnosis (and the theft), Ilma understood that she was made to commit a crime, and realised she could not stay in the convent any longer, since no one would believe her story. Thus she escaped jumping out of the window.

Krafft-Ebing's biographer, Renate Hauser gives credence to Ilma's claim that she was regularly hypnotised by the nuns at the convent. Hauser supports this with the

argument that Krafft-Ebing, a doctor with such a wide experience with hypnosis and patients, did not find this story implausible. Complementing this with Ilma's claim that she was hypnotised by her general physician around 1872, Hauser uses Ilma's example itself as an evidence that lay-hypnosis was a general practice in the period. Even if this were true, which needs further research to support, Hauser's argument is not grounded in the evidence. I think she misread Krafft-Ebing's lines which, rather than simply accepting Ilma's version, in fact consist of conflicting statements that testify to his doubts and hesitation whether to believe Ilma or not.

Krafft-Ebing attached a long footnote to the above quoted story of Ilma's escape to comment on the reliability of her story:

The patient communicated exactly the same story to her brother five years ago. The identical reproduction at different times of the convent life speaks against the idea of its invention. There is always the possibility that it is the reproduction of an idea originating in hallucinatory delirium. As a fact, after her escape from the convent, the patient had an attack of hysterical insanity, with hallucinations, but recovered from this episodic psychosis completely. Then she ought to have corrected her delusion. Today the patient still believes in the truth of her convent life. One is fully convinced that she believes that she actually lived it.

Though I never detected the patient in an intentional lie, I could get from her no further explanation of the matter, since her power to reproduce original conceptions is defective and the memory generally weak; and because of the tendency to identify present with past situations and the faulty localisation of events in past time; and, besides, because her fancy is very lively. One gains the impression that the kernel of the matter is true, but fancifully presented. Her relations judged her romantic story in this way. To a confidential inquiry of the abbess of the convent, I received the answer that it was all invention. The letter contains so much untruth that it cannot be considered as an authentic source of knowledge (Krafft-Ebing 1889: 5-6).

The ambivalent statements in these two paragraphs show Krafft-Ebing's hesitation. First he claims that the core of the story is true, Ilma must have had that crucial experience, she only relates it in a colourful way. The doctor supports this with the family's opinion. But then we learn of the abbess' denial of everything, and in the last sentence Krafft-Ebing himself comes to the conclusion that Ilma's letter "cannot be considered as an authentic source of knowledge."

⁵ In Chapter 4 I claim that in her second autobiography she actually writes the novel of her life.

We also learn that the whole narrative of the escape "agrees almost word for word" with a letter sent by Ilma "to her former confessor as a farewell and justification, and which was intercepted November 11, 1887" in Graz (Krafft-Ebing 1889: 5). Here the circumstances seem to convince the doctor who assures us that at that time Ilma was "earnestly planning suicide," and the end of the letter "bears the stamp of veracity." I do not think we can decide if Ilma was really planning suicide, though she clearly convinced Krafft-Ebing. And maybe this was her real design. But she could also use the letter consciously, to convey the idea to the doctor that she was innocent, or at least not accountable for her acts. In the letter she asks: "What will become of me? I am looked upon as a thief. Everybody has deserted me". Indeed, the case of theft against Ilma in Graz was dropped only six weeks later, on December 30, 1887, when the medical testimony stated that she was in an unconscious state at the time of the crime. But Ilma had had a lot of experience with forensic doctors, and she knew very well that even her high suggestibility - something Krafft-Ebing had been testing for weeks by that time - had once saved her from prison in Budapest. She just had to co-operate with the doctor, and convince him of her innocence.

Also, it becomes clear from Krafft-Ebing's *Daily Notebook*⁶ that Ilma could have asked for permission to go to church to confess. Ilma, however, chose to write a letter to the priest. It might have only been for the "writer" in her, that she preferred the written confession which does not lack metaphors: "This life has become so burdensome to me that I will end it--as one casts off an old garment" (Ilma in Krafft-Ebing 1889: 5). But we cannot exclude the possibility that she wrote the letter because she knew it could be intercepted and read by the doctor who would probably not assume any trick behind it. Ilma knew the tricks of how to survive hospital life, how to manoeuvre, and how to use

⁶ The *Daily Notebook* is the central part of Krafft-Ebing's book *An Experimental Study in the Domain of Hypnotism*.

letters.⁷ She knew that letters were often intercepted. Jendrassik mentions that Ilma wrote "sentimental letters" to another female patient she had fallen in love with during her hospitalisation in the Clinic of Internal Medicine in Budapest. This indicates that Jendrassik intercepted and read these letters (Jendrassik 1888a: 747). The conscious and tricky use of a letter revealing the intention of suicide to impress on the doctor the veracity of her stories would perfectly fit the strategies I claim she followed during her hospitalisations and her communications with doctors and the authorities.

Apart from his hesitation, Krafft-Ebing clearly ignores certain information and contradictions in Ilma's presentations. He met Ilma's "worthy" brother in person. The brother was co-operative when he gave Laufenauer's publication on Ilma to the doctor. Its brief summary was published by Krafft-Ebing, who nowhere reflects on the differences between Ilma's 1885 and 1887 presentations of her life. Neither Laufenauer, nor Jendrassik (with whom Krafft-Ebing communicated) mentioned that Ilma had been hypnotised earlier. Krafft-Ebing could have easily verified this information with Jendrassik, but he did not do it, or did not report it.

In her second, 1887 autobiography Ilma claimed for the first time that she was looked upon as a thief by her family after she had escaped from the convent at the age of 19. This would prove that her 1887 story of the theft by Sister Beatrix and of hypnosis at the convent was true. But Krafft-Ebing states that "the brother denies that she was looked on with reproach at home and regarded as a thief," which clearly contradicts her story. With this, Krafft-Ebing admits the discrepancy between Ilma's story and that of the "worthy" brother. Therefore, Krafft-Ebing concludes, "the patient must have been still at that time under the influence of delusions" (Krafft-Ebing 1889: 14).

Hauser's dissertation is a meticulously researched, well-documented, and elaborate biography of Krafft-Ebing, a useful source for students of turn-of-the-century psychiatry.

⁷ See my analysis of the life-space of patients at hospitals in Chapter 7.

But I disagree with her analysis of Ilma's case on several points in her chapter on hypnosis. Hauser ignores Ilma's writings as a rich source of information on the strategies a patient could follow. She did not listen attentively to Ilma's sentences but took her statements at their face-value. The discrepancy between the doctors' remarks and the patient's narrative had escaped her as well as the special interest, goals, wishes, dreams, and hidden designs behind the words of the doctors and their patient.⁸

Hauser ignored the contradictions in the texts, and failed to detect the doubt in Krafft-Ebing's lines. But they cannot be overlooked, because they are revealing about the doctor's negotiations, and his strategies to reach his ultimate goal of excluding lying from Ilma's portrait. Thereby, he would exclude the possibility of simulation in the hypnotic experiments which provided the main purpose of Krafft-Ebing's writing the whole book. In order to achieve this, Krafft-Ebing commented on Ilma's self-presentation in a way that would support the central tenet of his book on the different states of consciousness in hypnosis. Rather than admitting that Ilma lied, he referred to previous hallucinations and delusion to account for the discrepancies in her confessions: Ilma's

statements concerning her previous life history are shown by the independent testimony of authorities and private individuals to be true, with the exception of romantic auto-suggestive embellishments, delusions of memory, and gaps in her life history which had been lived in conditions of abnormal unconsciousness, and could not be remembered (KE vi-vii).⁹

And Krafft-Ebing does this by ignoring facts he himself presented a few paragraphs above. Refusing to admit that the "independent testimony of authorities and private individuals" (like that of the Lady Superior, the brother, or Laufnauer's account) in fact contradicted many of Ilma's claims, Krafft-Ebing introduces the notion of the hysterical narrative as

⁸ In relating Ilma's life, Hauser ignores Laufnauer's account which is briefly and incompletely summarised by Krafft-Ebing, but which nevertheless reveals, for instance, Ilma's thefts before 1885, something Hauser does not mention.

⁹ Krafft-Ebing claims this to strengthen the validity of Ilma's account to present her in a more favourable light and exclude the possibility of simulation: "The truth of the assertion, that the person [Ilma] ... is a swindler, I must unconditionally deny" (Krafft-Ebing 1889: vi).

characterised by gaps in memory, and an inability to relate a linear life-story because of the delusions and abnormal unconscious states that divide it.¹⁰

Taking all this into consideration, I believe that Ilma was not in fact hypnotised by the nuns, or, more precisely, not in the “medical” sense of the word. There are at least two ways to interpret Ilma’s introduction of the element of hypnosis which was absolutely missing from the first autobiography. She may have consciously used it as a new scapegoat to blame for her miseries. It was Sister Beatrix’s shameful use of Ilma with the help of hypnosis that caused all her problems. But it is also possible, that she experienced religion at the convent as something very similar to what she later experienced as hypnosis during the experiments of Ajtay, Jendrassik, and Krafft-Ebing. Both at the convent, and later during the hypnotic experiments, Ilma was told what to do, how to think, how to behave and what to believe. In order to fit into the system and adapt to the otherwise hated confinement of the convent or the hospital, she had to accept and follow “suggestions.” The overall experience of religion and medical treatment in these specific cases could have been similar. She may have simply projected hypnosis back to the convent life in 1887, after she learnt of it from the psychiatrists.¹¹

And it is not only the experience of hypnosis that she projects back on her life. In the second autobiography, in rewriting her story Ilma also projects cross-dressing on her earlier life: in the new version of her escape, she changes her nun’s habit for a housemaid’s dress as a disguise. In this autobiography we again encounter the strategy Ilma used earlier to evade responsibility: this time she appeals to her womanly nature designed for loving when she tries to explain her homosexual feelings at the clinic in Graz. She claims that she loved

¹⁰ See my criticism of the literary, feminist and psychoanalytical definitions of the ‘hysterical narrative’ in pre-psychoanalytical cases of hysteria in Chapter 4.

¹¹ In her 1887 writing, Ilma describes short episodes in her convent life with reference to dreaming. She writes “I felt like dreaming” when describing one of her memories. After her love affair with her cousin, she has to return to the convent: “The day on which I was to take the veil approached. Dull, indifferent, I spent the night in the chapel, but I could not pray. I went to the altar, not as a bride of Christ, but to carry a broken

her cousin only as a woman can love a man, but later in Budapest, dressed as a man, she gained insight into men's motives, and was exposed to their offensive language and habit of visiting brothels, which developed in her a dislike for men. "However, since I am of a very passionate nature, and need to have some loved person on whom to depend, and to whom I can wholly surrender myself, I felt myself more and more powerfully drawn toward women and girls" (Ilma in Krafft-Ebing 1889: 17–18).

As a new strategic element, Ilma consciously employs the knowledge acquired during her encounters with forensic doctors and judges. From Krafft-Ebing we learn, that during the hearings after her arrests in 1886 Ilma "seemed quite unembarrassed" and always claimed that she did not remember her deeds: "She said she had attacks in which she was robbed of consciousness and of memory of the acts done while in this condition" (Krafft-Ebing 1889: 16).

My last example for Ilma's manoeuvring is the explanation for her escape from Jendrassik's clinic to Graz. Both Krafft-Ebing and Hauser seem to accept Ilma's claim that she escaped from Budapest to Graz to enter a convent. Krafft-Ebing believes Ilma, because she tells him about it in hypnosis which he regards as authentic and devoid of faking (in what he assumes to be state III. described in Chapter 5). Not believing Ilma would mean that he does not believe his own theory on the different states of consciousness and the memory existing for previous acts in the same state.

Hauser probably accepts Ilma's story because Krafft-Ebing himself accepted it, and adds "We can guess the extent of her anguish from the fact that her only possible refuge was a nunnery - not a place of great attraction given her earlier history" (Hauser 1991: 288). Instead of casting Ilma merely as a victim, I think she consciously lied to the doctor. Thinking of all the crimes Ilma committed in Budapest as well as in Graz, of her doubtful past of 16 years in the convent that she desperately escaped, of her claimed horror at seeing

heart to the grave. The ceremony was over; I seemed to be in a dream" (Ilma in Krafft-Ebing 1889: 5).

nuns in the streets (in her 1885 autobiography), of her disrespect for the nun's habit when she used it as a costume to commit her crimes (revealed in Tuskai), it is hard to believe her that she was honestly planning to enter a convent in Graz. Especially if we think of the forged recommendation found on Ilma at the time of her arrest in Graz. The letter states that Ilma "was employed by me as seamstress and maid from February 2, 1882, until today, and that she conducted herself to my satisfaction; so that I can recommend her warmly to everybody" (Krafft-Ebing 1889: 1-2). The English version gives the signature "Mrs. G.K.," while the 1893 German edition adds: "Frau G. K., königl. Rätin." Significantly, the letter is dated on the 30th of October, 1887 (Ilma was arrested on the 20 October, 1887), and suggests that, rather than entering a convent, Ilma was planning to find a job with the help of a warm recommendation.

"Over the dead letter of the law..."

Laufenauer's 1885 expertise reads Ilma's hysterical symptoms and deviant behaviour as signs of insanity. "Symptoms of simple neurosis, of the most expressed mental disorder, and of convulsive states of unconsciousness melt here together." Ilma suffers from hystero-epilepsia, therefore "she is insane, and did not possess her free will at the time of her crime," and thus cannot be made accountable for her acts (Laufenauer 1885: 65, 74). According to a 1878 Hungarian law, a person cannot be called to account for an act committed in an "unconscious" state or with "sound mind disturbed, and thus not in the possession of his or her free will." The notion of restricted competence, which was part of the 1843 legislation, is clearly missing from the 1878 law (Babarczy-Schwartz 1906: 178).

In 1885 Laufenauer claims that "patients suffering from hystero-epilepsia are constantly in a state of mind which, in many cases, most definitely excludes competence"

(Laufenauer 1885: 75). He thus exempts Ilma from the crimes she is accused of. The crucial question is whether hysterics can be legally called to account for their actions. Babarczy-Schwartzter refers to a 1891 case in which the court declared that diseases like hysteria which restricted the free decision-making capabilities of the mind, did not rule out legal responsibility (Babarczy-Schwartzter 1906: 179). The hysteric woman as neither unconscious, nor mentally ill, was thus accountable for her acts. In his 1893 polemic, Laufenauer also lists hysteria among those pathological states which cannot be simply categorised as either unconsciousness or insanity. Laufenauer admits that hysterics are usually not in full possession of their free will, but since he agrees with the legislation that excludes limited competence, he makes hysterics legally responsible for their acts. Instead of limited accountability, Laufenauer argues for milder punishment (Laufenauer 1893: 8–10).

By 1893, his views on the legal competence of hysterics had changed. This may be due either to his increased professional experience and knowledge or to his wish in 1885 to exempt Ilma from her crimes by declaring her insane. Regarding hysterical women as mere simulators and morally deprived criminals would have further strengthened the traditional moralistic attitude toward female deviance, and made the psychiatrist's knowledge and involvement in criminal cases unnecessary or even useless. Whichever explanation is closer to reality, however, it makes no difference from Ilma's point of view. The price she pays for her exemption from moral and legal responsibility, is her social stance as a sane person.

All her life, Ilma negated the power relations and values cherished by society, but in cases of conflict, consciously appealed to them. The "usual" pattern of Ilma's cases was: thefts, arrest, strange behaviour and frequent fits, sent to the hospital for observation, mostly found incompetent, retained in the hospital for treatment, and finally let free. Society seems to have been unable to deal with petty thieves and impostors like her,

women regarded as hysterics relapsing into crime or illness. Ilma's choice of deviance – her outwitting society by inverting its rules, redefining its spaces, crossing its internal boundaries (between man and woman, the sick and the healthy, the normal and the pervert), and emptying its gender categories – secured her a certain degree of freedom. And when arrested and called to account for her crimes, in most cases she won exoneration by playing upon the very notions of womanhood, the natural characteristics and inclinations of the female sex that she had set out to negate with her life.

Another young woman, Katalin Kosztyán's case from December 1886 also proves that this strategy could overcome the institutionalised power of forensic medicine. *Pesti Hírlap* reported the case of this 21-year-old housemaid who attempted to kill her unfaithful lover who had got her pregnant but was unwilling to take responsibility. The forensic doctor Sándor Ajtay -- who in the same month was the expert in Ilma's case -- observed Kosztyán's mental state and claimed that at the time of the attempted murder, she was incompetent, due to the fact that "in the first weeks of pregnancy, every woman's state of mind is disturbed and unstable." Disregarding Ajtay's opinion, the court charged Kosztyán with attempted wilful murder. At the trial, however, "sobbing her heart out, the girl told her judges how merciless her lover (to whom she had sacrificed her chastity) was to her. Feeling to be a mother, in the depths of despair, she decided to take revenge upon the man who plunged her into misery. This usual and sad story, told in such a moving way, touched the judges who exempted her. Over the dead letter of the law, the word of the heart triumphed, the court exempted the deceived girl from all punishment. Everyone shares their feelings, their just verdict met with unanimous appreciation" (*Pesti Hírlap* December 10–11, 1886). Even if the expertise of the forensic doctor failed, the conscious exploitation of characteristics generally regarded as feminine could save a woman from prison.

Ilma was not a feminist. She was not even Dora, who – in her utter frustration – could walk out on Freud.¹² In the fin-de-siècle psychiatric and psychoanalytic world, Ilma's twin-sister would rather be Charcot's Augustine, the simple girl who after five years in the Salpetriere, escaped in male garment and disappeared forever.

¹² Elaine Showalter remarks, that Dora was "a Viennese version of the New Woman of the 1890s, the feminist who seeks higher education and wished to avoid marriage" (Showalter 1993: 316).

Chapter 3. Trapped in Medical Theory and Practice

Hysteria as Syndrome or Metaphor

In the nineteenth century the medical concept of hysteria and its social meanings were so intricately connected that it is impossible to discuss them separately. The medical/psychiatric conception of hysteria was informed by common-sense views on woman's nature, the female body and deviant social behaviour. Contemporary textbooks on mental illness speak of the enormous influence of female biology on the integrity of mind and the morality of woman. At the same time, social behaviour (especially socially deviant forms of behaviour) constituted a central aspect of the medical description of hysteria. Ilma's cross-dressing and alleged lesbianism become inseparable from her disease. The medical approach thus both registers social anxieties surrounding cross-dressing and female homosexuality and, via their medicalisation, reinforces the boundaries distinguishing normal from abnormal, acceptable from deviant, and healthy from pathological.

Laufenauer did not need to directly pin-point a single cause of Ilma's hysteria. Being a woman and behaving in deviant ways certainly provided enough cause and evidence for Ilma's 'disease.' The conditions and processes of the body determine the long-term place and roles of the sexes in society¹ as well as men and women's temporary mental and moral state. The psychiatrist Moravcsik's text-book explains why hysteria affected the female sex much more frequently than the male. Female bodily processes make woman especially susceptible to this disease. Puberty, marked by the onset of menstruation, is precisely the period when hysteria, epilepsy, and other mental disorders

¹ The rational, calculating, and aggressive qualities of man, complemented with bodily strength, secured the competitive position for man in the dangerous public arena. Woman's reproductive functions, her weak constitution, and her allegedly feeble mental qualities defined her role in reproduction, and demarcated the

first appear in very large numbers among women: "Temporary manic excitements," pain in the ovaries, a high degree of excitement, nervousness, headache, irritability, insomnia, anguish, frequent fears all accompany menstruation and puberty in women's lives (Moravcsik 1897: 69–79). Later pregnancy, delivery, lactation, and finally, climacterium or menopause could also have a "disastrous" impact. These conditions either create an environment in which certain pre-dispositions for mental diseases are enhanced, or they directly lead to mental disorders (Moravcsik 1897: 69–79). The bodily functions that contribute to hysteria and other mental disorders are precisely the ones most women normally experience, which explains why this sex was seen as especially liable to the disease, while it also proves that hysteria was primarily a female malady. It is again woman's biology, her reproductive functions that are thought to make her susceptible to mental diseases. Hysteria in this sense is the exaggeration or intensification of female nature.

Female biological processes also influenced woman's mental, spiritual and emotional life, as well as her moral and legal competence. The belief that woman's mental and emotional state constantly changed according to the different phases of her monthly cycle was professed in nineteenth-century sexology. Iwan Bloch cites the sexologist Havelock Ellis who claims that in the case of any criminal procedure against a woman, the influence of her monthly cycle on her acts at the time of the crime should always be taken into account. In Laufenaucr's 1885 expertise hysteria exempts Ilma from her crime (Bloch 1810: 65; Laufenaucr 1885: 75). But the price is enormous. To exempt woman from her moral and legal responsibility is to imprison her in her body.

Ilma's case provides us with further evidence that medical thinking and descriptions are saturated with social meanings. The description of the conditions and course of Ilma's disease combines the usual somatic and neurological symptoms (these include frequent

acute seizures, convulsive fits, headaches, faints, twitchings, tonic and “clonic” convulsions, reflex- and sensory problems) of hysteria with references to Ilma’s cross-dressing, lesbianism, and deviant behaviour:

24 May: She had bad dreams.

25 May: She asks, whether she could put on male garment again after leaving the hospital, since – she says – it is easier to succeed in life in male garment. She is very humble and hypocritical.

27 May: She would like to have her hair cut short.

7 June: She walked in her room during the night.

18 June: At night she climbs into her fellow woman’s bed, excites and kisses her. In the morning she stubbornly denies everything.

26 June: She writes a fairly sentimental letter. She pretends to be naive (Laufenauer 1885: 70–71).²

The references and their connotations portray Ilma as a restless, sleepless, deceitful liar, a lesbian constantly thinking of how to trespass forbidden territories, rather than a helpless patient in need of treatment. Laufenauer constructs the same image of the nervous and uncontrollable woman he projected on Ilma’s childhood.

The psychiatrist’s account connects hysteria and deviant female sexuality.³ In late-nineteenth-century sexology and psychiatry, sexual perversion was considered a disease (disease of the sexual instinct), and female homosexuality was often associated with deviant or criminal behaviour. This is also manifest in a number of case descriptions which connect lesbianism to murder, suicide, or theft. In Ilma’s case, establishing her independent life required money and fake documents. Stealing and forgery are thus the necessary crimes accompanying her cross-dressing.

Laufenauer’s account also blurs the boundaries between hysteria and sexual deviance by labelling Ilma a sick person or patient mostly when her cross-dressing and lesbianism are described. Referring to Ilma, he curiously introduces the noun *patient* (or “sick person”) precisely where the notions of lesbianism and cross-dressing appear. Previously the psychiatrist did not bother to define the subject of the sentences (Hungarian

² These are a few examples from Laufenauer’s account. The psychiatrist provided his readers with a detailed patient history and case description.

conjugation and sentence structure make it clear that Ilma is the subject of the sentences), while here, in three consecutive sentences he uses the term *patient* five times when describing Ilma in male garment. The fact that Laufenauer did not label Ilma with this term when writing about her hysterical convulsive fits, but used it rather when discussing her cross-dressing and lesbian behaviour is revealing about medical thinking that clearly connected homosexuality with disease by explaining deviant sexual behaviour with the dysfunction of the sexual instinct.

Drawing on Krafft-Ebing, Moravcsik discusses the disorders of the sexual instinct, and states that: "Among hysterics, the sexual instinct can be augmented, decreased, or perverted, and sometimes we meet homosexual emotions among them" (Moravcsik 1897: 346). In his concluding psychiatric opinion, Laufenauer also highlights the causative relation between hysteria and deviant sexuality: "her common sense and consciousness are enlightened not by judgement and reason, but by the animal instinct leading towards a perverse way of living and a perverse sexual instinct" (Laufenauer 1885: 75).

As Ilma's case demonstrates, female cross-dressing was the symbol of individuality, of female aspirations and rebellion. It stood for the power to transcend the constraints imposed on woman in society. In the literary sphere, it was the "costume of pseudonym" that allowed women to walk freely about "the provinces of literature" (Gilbert and Gubar 1984: 65), while in actual life it was the male garment that made women "invisible" as women. It enabled them to invade the public sphere closed to decent and respectable women, to enter male clubs, to move freely in disreputable districts and the streets at nights. It proved to be an effective means to establish economic and personal independence. It is this power of Ilma, this socially deviant behaviour that is being medicalised: the psychiatrist uses the socio-medical argumentation to exempt her morally and legally, but to find her problematic from the medical/psychiatric point of view.

³ By deviant sexual behaviour I mean sexual practice not conforming to the normative heterosexual pattern.

The Headless Frog, or the Hypnotised Body

Following Laufenauer's expertise in 1885 Ilma was exempted, cured of her "hysteria," and committed into the care of her brother. Ilma did not give up her way of life, on the contrary, she went on stealing different items, seeking employment under the disguise of male dress or nun's habit. She was arrested for theft several times in 1886, brought to court, and in December she had a final court hearing which received wide publicity in the press. Ilma had to face some thirty women accusing her of being an impostor and committing thefts in nun's habit. This time it was the forensic doctor Sándor Ajtay who observed Ilma's mental and moral competence. If Laufenauer treated Ilma for several months in his ward and published a lengthy account on Ilma's illness in order to support his decision, Ajtay chose another way to prove to the judge that Ilma was, in fact, insane.

And the learned doctor, instead of a long process of verification, stepped to the front, pulled out his golden pencil, looked at Vilma for two minutes, and the girl collapsed in her chair dead pale, she fell into *hypnotic sleep*! Then the lecturer made such a hair-raising show with the girl in this state *palam et publice*, that the judges sent her right to the house of the mad instead of the prison (Tuszkai 1887: 186).

With her strange abilities, dispositions, and high suggestibility that enabled the doctor to produce the most spectacular bodily miracles in and on her body, Ilma proved to be too valuable in the eyes of the doctors. Instead of the asylum, Ajtay sent her to the young Jendrassik who was eager to 'treat' her. Jendrassik experimented with her for nine months and revised his theory of hypnotism already proposed in an early essay in 1885. Laufenauer and Jendrassik were the most prominent learned pioneers of hypnosis in Hungary who – with their work – could secure the subject a certain degree of medical acceptance and an air of scientificity. Returning from his studies at the Salpetriere with Charcot in 1885, Jendrassik published a long article on hypnotism in Hungarian and French

(Jendrassik 1885, 1886). In this article he enthusiastically introduces the hypnotic experiments he was eyewitness to in Paris, and although he admits that such experiments have already been conducted in Hungarian professional circles, he only refers to those of Laufenauer and Endre Högyes performed in March 1884.



Figure 5. Hypnotised woman



Figure 6. Suggested defense against the sun

A brief analysis of Jendrassik's experiments with Ilma and Laufenauer's general reflections on hypnotism may demonstrate the gendering of the conceptual frame of medical discourse.

In 1887 Jendrassik made several hypnotic experiments with Ilma. In their descriptions, the body of the hypnotised woman is distinctly different from the normally functioning body. Its appearance, experiences, and behaviour show dramatic changes compared to the normal. When told to be cold, Ilma starts shivering. When told to be drunk, the play of her facial muscles and the emptiness of her countenance testify her intoxication, when told to be sick, her body reacts that way, producing the usual signs of the sick body (even vomit).

Thus the hypnotised body becomes *deceived and deceptive* at the same time. On the one hand, the senses entirely mislead the hypnotised person to experience phenomena not really existing. They even betray the person. When suggested to be anaesthetic, Ilma does not feel the piercing pain of the needle thrust into her arm to the bone. When told to be deaf to the horrible noise of the drum, she does not hear it, while it makes others around her shudder, she remains absolutely undisturbed by it. When hypnotised hysterics are told to be blind, they see nothing but darkness around. On the other hand, the body of the hypnotised person is deceptive, it *appears* to feel the heat that no one else can feel, it *seems* to see unwritten letters, hear the unsounded sounds, and not feel, see, and hear existing phenomena or effects.



Figure 7. Suggestion of Praying



Figure 8. Suggestion of Knitting

The hypnotised body of the hysteric *betrays* the person in the sense that it loses its ability of defence, of self-preservation, and finally, may even become self-destructive. When told not to be able to breath, “for a long time her chest and abdominal wall remained

motionless, her face turned pale, and her body started to shiver, when finally there was some *inspiratio*" (Jendrassik 1888a: 747). When told to vomit, the hypnotised body can not stop emptying out the content of the stomach. The most cruel and outrageous experiments Jendrassik conducted with Ilma were the hypnotically produced skin markings. These involved the touching of the woman's skin with an ordinary object which was suggested to be a heated piece of metal and which subsequently produced serious burnt wounds. Jendrassik considers these "burning experiments" the "most exiting" ones, although he reports of the serious pains they caused, in one case it took more than three weeks for the wound to heal, and the red scar was visible for even longer.



Figure 9. Suggestion of swearing



Figure 10. Suggested suicide with a log

The body of the hypnotised person (and that of the hysteric or the patient under "auto-suggestion") proves to be dysfunctional in another way as well. It lacks 'normal' contact with the world around. Several short case presentations in the *Medical Weekly* testify to the fact, that the normal functioning of the senses is inhibited in the hypnotised

patient and the hysteric, their normal vision, hearing, feeling of heat are disturbed, and thus the 'objective' perception of the world through the body and the senses becomes impossible. At the same time, the most frequent phenomenon among hysterics and hypnotised women is the *hyperexcitabilité neuro-musculaire*, that is, an increased reflex sensibility combined with frequent involuntary muscular contractions to stimulus. While the senses break down and are no longer able to mediate between the self and the outer world, the body cannot help over-reacting to stimuli in an involuntary and uncontrollable way. Since the body is no longer able to keep 'normal' contact with the world, a new, individual, and 'sick' way of world-perception and contact substitutes it.



Figure 11. Contracture of the muscles

Jendrassik, as an adherent representative of organic psychiatry, sought to find the

key to the hypnotic state right in the brain.⁴ In his thinking, the hypnotic state is characterised by the functional incapability of the brain to compare and associate. We perhaps do not find it surprising that these are exactly the active and productive mental capabilities traditionally regarded as male that are missing in the hypnotised person. It is the hypnotist's words that constitute the stimulus and carry a force that can not be overridden by the hypnotised person, whose brain at that moment does not function in a normal way. If the ability of the brain to compare, judge and associate were unimpeded, the person would be able to follow his or her own decisions. The hypnotised person, regardless of his or her actual sex, appears to be a creature endowed with capabilities traditionally regarded as female – while lacking in male/human.

The same notion is strengthened from another perspective by Laufenauer in his 1884 article published in the *Pesti Hírlap*. While he confirms that the controlling force of the mind is entirely missing, and thus the hypnotised person is a “real automat,” Laufenauer adds: “her organ of hearing and closed eyes are very sensible to noise and light. Her skin sensitivity is increased, it senses the least change in temperature, feels the slightest breeze” (Laufenauer 1884: 2–4). If it was claimed earlier that hysteria is in a way the intensification of the female nature, it seems equally true of the hypnotic state. The hypnotised person becomes an uncontrollable body with deceptive senses, lacking any power of the mind. The presumed unity of the mind, soul and body in the healthy and normal person is exchanged here with a breach between them. Although Jendrassik

⁴ “The centre of our mental life – including sensation and intentional motoric function – is the cerebral cortex, which consists of two types of neural elements: the nerve cell (or ganglion cell) and the nerve-fibre that connects the cells. The function of the first seems to be the preservation of the memories, while that of the second is the mutual comparison and harmonious connection of the acquired memories: associatio, coordinatio. (...) In hypnotic dream (...) the nerve-cells keep their entire excitability, the cells remain in an alert state, but the excitability of the elements connecting them decreased. (...) The hypnotic dream is lacking any train of thoughts built on association: the external stimuli do not elicit a whole sequence of thoughts (...). The depth of hypnotic sleep depends upon the degree of the restriction on association (...). The suggested idea remains without a change (...) the learnt processes of association can not function and are considerably surpassed by the suggested ideas” (Jendrassik 1888a: 782). During hypnosis the “stimulus hardly crosses the borders of the centre of influence, and if they do so, they only follow the usual routes, therefore, comparison and judgement are missing” (Jendrassik 1885: 90–91).

criticised Hyppolyte Bernheim (1840–1919)⁵ for comparing a hypnotised person in the lethargic phase to a headless, dissected frog, with the connotations of his theory of the hypnotic state, Jendrassik in fact reproduced this parallel. Jendrassik and Laufenauer – consciously or unconsciously – translated social values and beliefs into the language of science in order to explain a complex phenomenon, while at the same time they successfully strengthened these notions and values.



Figures 12.-13. Experiments in lucid state

⁵ Professor in the faculty of medicine at Nancy, the founder of the famous Nancy-school of hypnotism which competed with the school of Charot at the Salpetriere.

Chapter 4. Writing and Hypnosis

The Meanings of the Wound

"She was suggested to have the bleedings of Jesus Christ, and thus, by the afternoon, red patches with circles appeared on her arms and legs, but there was no bleeding, perhaps the suggestion was weak" (Cure 1887: 141). Nine months later, a certain Sister Sylvestris allegedly "advised her to flee, and never again to allow the five wounds of Christ to be put on her left foot (by suggestion), or brand scars to be caused by suggestion; and that she should flee to a convent in Graz and would be helped in this undertaking. One day S. was again hypnotised, and the following day she saw the letter J burnt on her right arm. Then her decision to flee was determined" (Krafft-Ebing 1889: 19). These events took place not at a spiritual session, or a secret religious ritual of sacrifice or *imitatio Christi*, but during the patient demonstration at the meeting of the Royal Medical Association of Budapest on 5 March 1887, and at the Medical Clinic of Budapest, respectively. The woman who failed to produce the authentic stigmas of Christ on her body was Ilma, and the man who used her for his hypnotic experiments was the very talented and ambitious young Jendrassik.

Christ with his wounded body is no doubt the most powerful image for representing suffering and pain in the Christian cultural tradition. "God's flesh was itself a text written upon with universal characters, inscribed with a language that all men could understand since it was a language in and of the body itself." These wounds came to mean corporeal vulnerability and abjection, as well as holiness (Greenblatt 1996: 45). The interest shown for the mutilation of the hysteric's body under hypnosis is fed by the spirit of modern scientific investigation. Through such experiments, late-nineteenth-century psychiatrists, neurologists, and internists sought to learn more about the processes and functioning of the brain, and also about possible therapeutic uses of hypnosis. Nevertheless, the body of the

hypnotised hysteric also became an image, if not of holiness, then of corporeal vulnerability and abjection.

Jendrassik included branding experiments among his wide-ranging hypnotic experiments. These involved the touching of a woman's skin with an ordinary object of which she was told it was red-hot and the patient subsequently producing blisters and serious burn wounds. The doctor considered these "burning experiments" the "most exiting" ones, although he reported the serious pains they had caused. In one case it took more than three weeks for the wound to heal, and the red scar remained visible for a long time. Someone at the clinic (allegedly an unauthorised person) caused a large and deep burn wound with a pair of scissors under Ilma's right breast which temporarily crippled her. It left a very thick scab on the spot for a long time, impeding her in the free movement of her right arm (Jendrassik 1888: 748).

For many wounds it must have taken much longer to heal than Jendrassik admitted, since even Krafft-Ebing detected several of them on Ilma when he examined her upon her arrival at the Graz Clinic months later (Krafft-Ebing 1889: 21). The blisters and burn wounds on Ilma's body that Krafft-Ebing enumerates were caused by a monogram, a pair of scissors, a key, a letter, and even a graduate. These wounds are the clear signs of the patient's defencelessness, her complete exposure to the doctor's unappeasable curiosity and unlimited cruelty in the name of science. The scientist chose the patient's body as the locus of his experiments, turned it into a sheet on which to inscribe his signs, changed the smooth skin into an injured surface cut up by scars and oozing, inflamed, purulent wounds.

The surface of the hypnotised person's body also served as the locus of communication. While Ilma's right side was insensitive to touch or pain due to her hysterical hemianaesthesia on the right, the left side of her body was extraordinarily sensitive: "the patient perceives words written on the volar or extensor surface of the left forearm, the left side of the thorax, the left epigastrium the anterior surface of the left thigh,

and the left calf" (Krafft-Ebing 1889: 47, 52). In some hypnotic experiments, inscribing words on her skin was the only way to make contact with Ilma. After the suggestion that she was deaf, Ilma was not disturbed even by the strongest sounds. The only way to restore her hearing was to write the words "You hear" on the extensor surface of the left forearm (Krafft-Ebing 1889: 45, 48, 53).

Other hypnotic experiments with writing testify to the transforming power of hypnosis as well as to the absolute diminution of the hypnotised person's power of will and subjection to the will of others. Under hypnosis, Ilma was compelled to write a will in favour of Jendrassik (whom she, by this time, probably did not like too much) (Krafft-Ebing 1889: 35). In another experiment, Krafft-Ebing dictated her a letter of a slander, and a receipt for a thousand guildens. "The patient writes everything quickly and without mistakes in a regular feminine hand; after a dictated phrase is written, she repeats the last word and waits for more, knowing nothing of it all" (Krafft-Ebing 1889: 42). These experiments were designed to prove that under hypnosis Ilma was not responsible for her acts, since she acted according to the will of the experimenter, disregarding moral values as well as her own interests.¹

Both Jendrassik and Krafft-Ebing made Ilma's feelings the target of experiments, achieving her total emotional subjection to their will. Jendrassik suggested to Ilma in hypnosis that she was in love with an assistant doctor whom she had previously hated, and about whom the experimenter had previously told Ilma that the man was the murderer of her father. Subsequently, Ilma "was able to cherish and hug him and daydream about him in her diary and letters" (Tuszkai 1887: 188-189). Later in Graz, in a suggestion by Krafft-Ebing, Ilma was told to write a letter "telling of her love and affection" for a sister who had just left a few days before the experiment. "The patient writes fluently. Having obeyed the suggested command, the patient sinks again into deep apathy" (Krafft-Ebing 1889: 82).

Krafft-Ebing performed this experiment playing with Ilma's emotions in spite of the fact that he knew how much sorrow and pain the departure of the sister had caused her.

The transforming power of hypnosis is best exemplified by another experiment in which Ilma's whole personality became an object of manipulation. Krafft-Ebing was excited by the personality changes produced with hypnosis. He suggested Ilma that she was only seven years old, and Ilma behaved accordingly. She played with a doll, and her answers to the doctor's questions exhibited the mental capacity of a seven-year-old. On other occasions she was turned into a 6-, 7-, 8-, 10-, 15-, and 20-year-old person, and curiously it was her handwriting (also published by Krafft-Ebing) which testified to the success of the experiment: her signatures always reflected the distinct styles of writing characteristic of the different ages (Krafft-Ebing 1889: 34-35, 97-98).

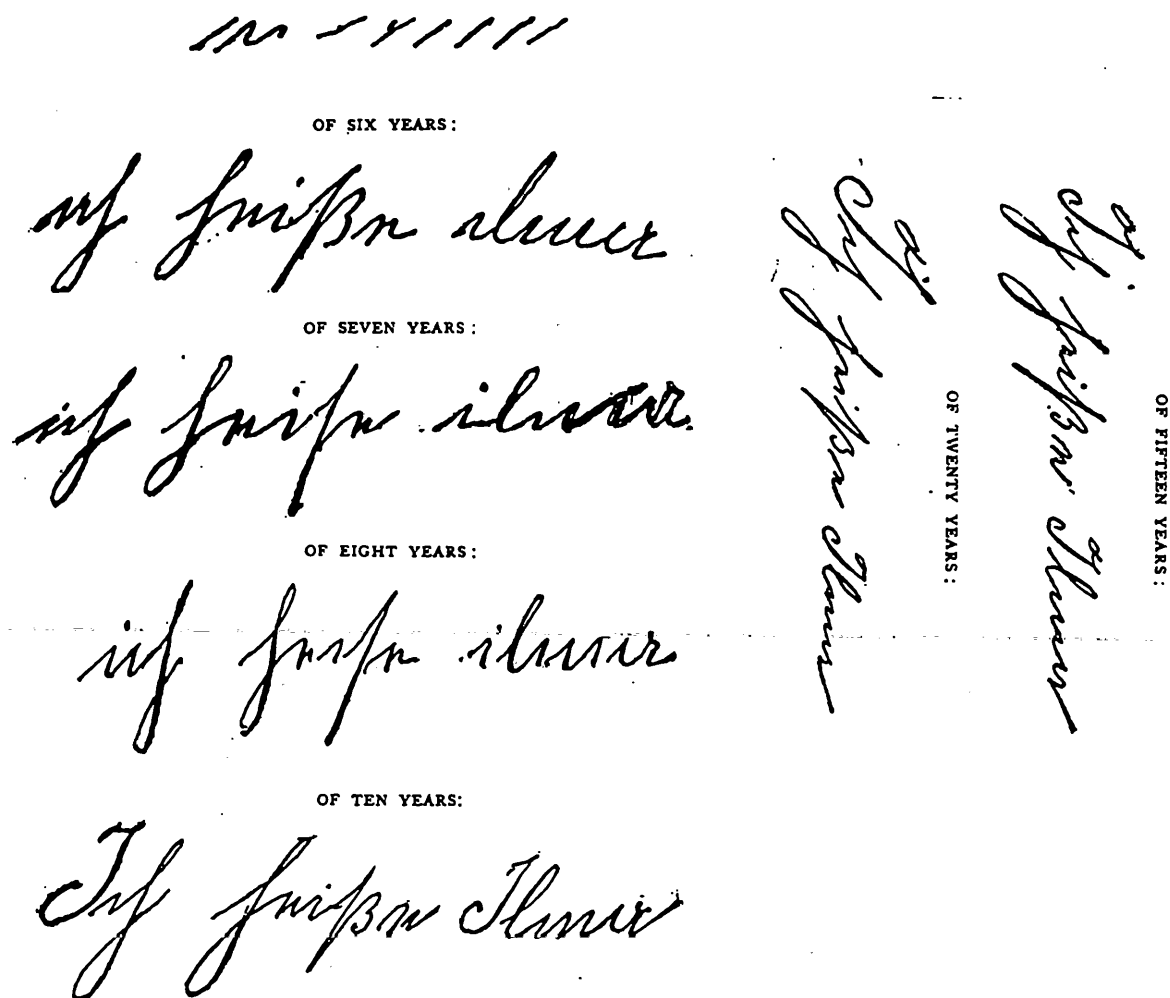


Figure 14: Ilma's handwriting during experiments with personality changes

¹ The forensic aspect is even stronger in other experiments, when Ilma is directed to murder one of the doctors with a toothbrush placed in her hands (Krafft-Ebing 1889: 35).

The Narrative of the Hysteric versus the Hysterical Narrative

The motif of writing as it appears in the hypnotic experiments symbolises the defencelessness of the patient, her physical, mental, moral, and emotional exposure to the will of the experimenter as well as to unauthorised persons. Writing, however, also fulfilled other functions. During her long confinement in the clinics of Budapest and Graz, Ilma used writing as a medium of self-expression as well as a means to explain her actions. All of her doctors, Laufenauer, Jendrassik, and Krafft-Ebing mention the love letters she wrote to women, nuns or other patients, who got close to her heart in the hospitals. Krafft-Ebing mentions "numerous poems and writings" that proved her unusual intelligence (Krafft-Ebing 1889: 23).

Among the most important writings Ilma produced are, however, the two autobiographies that have been preserved for us thank to the fact that Laufenauer and Krafft-Ebing published them (or, in the second case, parts of it). Since autobiographies of hysterical patients do not abound in the period, both Laufenauer and Krafft-Ebing found Ilma's intense urge toward self-expression important. While Laufenauer preserved the integrity of Ilma's writing by publishing it seemingly intact (that is, in full length, and avoiding erasure, comments, or questioning parts of it) next to his own expertise in the *Medical Weekly*, Krafft-Ebing clearly "violated" it by cutting it into pieces, annotating it, and only quoting Ilma where he found it necessary.²

As I claim in Chapter 3, I read Ilma's first autobiography written in 1885 for Laufenauer as primarily designed to portray her as a victim of her circumstances. Ilma acted upon her role as the patient and a woman in need of help and consciously exploited the notion of the weak and fallible woman. Two years later in Graz, Krafft-Ebing states

that the "following further statements concerning her health and life history are taken from her autobiography which she wrote for me in December, 1887" (Krafft-Ebing 1889: 3). Even if Krafft-Ebing publishes only long fragments, these reveal that Ilma in fact turns into a novelist who writes the novel of her life.³ Certain events are so colourfully presented, with so much attention to details, moods, feelings and impressions, that it considerably differs from the style of the first writing.⁴ If in 1885 she wrote a kind of plea in the guise of the autobiography to exempt herself from responsibility, here one has the feeling that Ilma enjoys writing her life up!

Apart from her high suggestibility, the doctors' interest in Ilma must have been due to her intelligence and strong inclination to communicate and express herself in writing. "She is educated, intellectually capable of quite much, her letters are almost flawlessly spelt, and their style may be considered very nice" (Jendrassik 1888: 747). Krafft-Ebing regarded Ilma's intelligence to have been originally above the average, "and numerous poems, and writings show that, with unusual training, fancy, disposition, and understanding have undergone no recognisable loss" (Krafft-Ebing 1889: 23).

In spite of the fact that these doctors acknowledged Ilma's mental capabilities and the stylistic values of her writings, after the bodily manifestations of her disease, it was her way of behaviour and modes of presenting her life that made her doctors regard her as hysterical. In the previous chapter I focused on to what extent deviant forms of social behaviour and perverted sexual practices chosen by Ilma came to form part of the disease in the medical conception of her hysteria. Here, instead, I focus on Ilma's way of expression and presentation of her life that was considered as hysterical. In describing

² Of course, in neither case can we be sure that the doctors did not change facts, Ilma's words, or the emphasis she put on certain events. In sight of all the details of "Ilma's case," however, I tend to think that Laufenauer preserved Ilma's autobiography largely intact.

³ The adventures Ilma went through made Jendrassik call her life-story "the real novel of the hysterics" (Jendrassik 1888: 746).

⁴ See quotations in the following chapter.

Ilma's mental capacity to relate present and past events, both Laufenauer and Krafft-Ebing formulate a clear definition of the hysterical narrative:

Her mood is changing, (...) she often changes her will and plans, she is inconsistent in her action; (...) she often contradicts herself. (...) Her memory is full of gaps, certain motives fall out of her memory, she is forgetful. Apperception is quick, but the association and the reproduction (of memories) are not sufficiently objective, and due to pathological moods and emotions, they are many times distorted (...) (Laufenauer 1885: 69).

Krafft-Ebing believes that Ilma is characterised by a

weakness of power to identically reproduce original conceptions, the numerous beliefs in the identity of present and past situations, and the incorrect localizations in past time. By reason of this, as well as by reason of the interruptions of memory caused by auto-hypnotic and other conditions of unconsciousness, a coherent account of her previous life was not possible (Krafft-Ebing 1889: 24).

Taking a considerable leap from this pre-psychoanalytical case to Freud's conceptualisation of the hysterical narrative, we find a strikingly similar definition. Freud compares the first account of a hysteric's story to "an unnavigable river whose stream is at one moment choked by masses of rock and at another divided and lost among shallows and sandbanks" (*Standard Edition* 7: 16). In Freud's view, the hysterical narrative is characterised by disorganisation, incoherence, incompleteness, and fragmentation. He believes that the patients are incapable of giving smooth and precise reports of their lives:

They can, indeed, give the physician plenty of coherent information about this or that period of their lives; but it is sure to be followed by another period as to which their communications run dry, leaving gaps unfilled, and riddles unanswered; and then again will come yet another period which will remain totally obscure and unilluminated by even a piece of serviceable information. The connections--even the ostensible ones--are for the most part incoherent, and the sequence of different events is uncertain.

The "patients' inability to give an ordered history of their life" may have different reasons: "patients consciously and intentionally keep back part of what they ought to tell", but it may also be due to "true amnesias--gaps in the memory into which not only old recollections but even quite recent ones have fallen--and paramnesias, formed secondarily so as to fill in those gaps'. Sometimes the connection may be broken by "altering the

chronological order of events", and other signs are "a loss or a falsification of memory" (*Standard Edition* 7: 16-17).

The descriptions of Laufenauer, Krafft-Ebing and Freud undoubtedly show many similarities, but I think they must be read within different conceptual frames, and they serve very different functions. Ilma's is a pre-psychoanalytical case, embedded in the material, spiritual, and epistemological reality of late-nineteenth-century Austro-Hungarian psychiatry which still professed a mostly organic theory of hysteria. For Laufenauer and Krafft-Ebing, the gaps, the inconsistencies, and the lack of memories serve as merely secondary signs of Ilma's hysteria (compared to the physical symptoms), something that anyway fit the general medical picture of woman and her mental capabilities. These are significant for Laufenauer only insofar as they make the hysteric's story unreliable, call her moral integrity into doubt, which explain why the notion of simulation was often regarded as a symptom of hysteria, as part of the hysterical personality itself. For Krafft-Ebing these reveal deliriums and hallucinations, which support his model of the different states of consciousness. It is true that these doctors, with much experience with mental patients in asylums and the clinic, did not deny the influence of psychological factors on one's mental and physical condition. But it was one reason among the many (hereditary disease, abnormal sexual conduct, external trauma on the head, etc.) that could lead to hysteria. While they paid attention to the psychological history of their hysterical patients, they did not attach much significance to such inconsistencies and gaps in their relating their life.

For Freud these gaps become the real locus of interest: it is precisely these omissions that he sets out to decipher. He is not satisfied with simply pointing at the incoherence and the gaps, but seeks to find the many layers of meanings behind them where he hopes to find the very causes of hysteria buried. He looks for the "intimacies of the patients' psychosexual life," for "their most secret and repressed wishes" (*Standard Edition* 7: 7-8). In *The Aetiology of Hysteria* Freud uses the metaphor of archaeology to

find the meaning in the "ruins," the "fragments," the "inscriptions," and the "language" of the past:

Imagine that an explorer arrives in a little-known region where his interest is aroused by an expanse of ruins, with remains of walls, fragments of columns, and tablets with half-effaced and unreadable inscriptions. He may content himself with inspecting what lies exposed to view (...) and he may then proceed on his journey. But he may act differently. (...) he may start upon the ruins, clear away the rubbish, and, beginning from the visible remains, uncover what is buried. If his work is crowned with success, the discoveries are self-explanatory: the ruined walls are part of the ramparts of a palace or a treasure-house; the fragments of columns can be filled out into a temple; the numerous inscriptions, which, by good luck, may be bilingual, reveal an alphabet and a language, and, when they have been deciphered and translated, yield undreamed-of information about the events of the remote past" (*Standard Edition* 3: 192).

In Laufenauer and Krafft-Ebing's view there is a simple signification between the incoherence/fragmentation/gaps and hysteria, where these characteristics either shed light on the hysterical character itself, or they simply refer to the malfunction of the brain. Without disregarding the importance of psychology in cases of hysterical women, these doctors do not assume special meanings behind the omissions, they do not set out to decipher the inscriptions under the ruins of long-forgotten or repressed memories, rather, they regard them as mere symptoms of hysteria. In Freud's mind, there is a more complex signification and a causal-effect: here the gaps and omissions hide the actual causes of the neurosis and their decoding provides the key to the illness as well as to the cure. Due to this conceptual discrepancy between Freudian and pre-Freudian definitions of the hysterical narrative, it can be misleading to use the psychoanalytical concept in all cases in the history of hysteria. But it is not only the conflicting meanings behind these doctors' understandings that demand attention. We must not disregard the patient's perspective. The comparative textual analysis of Ilma and the doctors' writings in the medical, legal and social context of turn-of-the-century Austro-Hungary reveals that these gaps and omissions had very specific functions from the perspective of the hysteric.

Ilma's narratives highlight clear strategies.⁵ As I claimed, her first autobiography written in Budapest served to portray her as a victim. The second, written in Graz two years later, proves, for instance, that Ilma consciously employed the knowledge acquired during her encounters with forensic doctors and judges. From Krafft-Ebing we learn that during the hearings after her arrests in 1886 Ilma always claimed that she did not remember her deeds: "She said that she had attacks, and during her actions under attacks she possessed no consciousness or memory" (Krafft-Ebing 1893 [1889]: 14-15). This was the only argument that could save her from the prison. The changes and omissions between Ilma's first and second writings, as well as her consciously claimed losses of memory, the gaps reported by the authorities and the doctors are rather revealing about her ability to manoeuvre, to exploit knowledge gained during her medical treatments. The mysterious gaps and inconsistencies, which so interested Freud, turn out to be here the successful means of a woman to defend her own interests. Ilma used strategies not only in her composition, but in her acts, too. The reconstruction of her life from historical documents proves that she was aware of the social constraints and possibilities, and cleverly exploited many of them.

Elaine Showalter pointed out, that the undue emphasis on a few canonical cases of hysterics, especially Dora and Anna O., resulted in an impoverishment, rather than an enrichment, of the complex concept of hysteria (Showalter 1997: 93). It is especially so, I would add, since these are primarily psychoanalytical texts written by a man, which gave rise to numerous psychoanalytic, literary, narrative and feminist, rather than historical analyses. In many cases, it resulted in cutting the hysterical woman off from the reality of late-nineteenth-century clinics and asylums, but also of the urban setting, the labour market, and the non-middle-class environment of family.

⁵ In the previous chapter I analyse in detail the different strategies Ilma chose to negotiate her own story, and illustrate the alternative interpretations by doctor and patient on a few selected themes and episodes.

As Showalter put it: "the end of the nineteenth century, as Foucault argued, produced the widespread medical hysterization of women's bodies; with the rise of literary theory, the end of the twentieth century has produced the widespread critical hysterization of women's stories. (...) In fact, after centuries of serving as the wastebasket diagnosis of psychiatry and medicine, hysteria has now become the wastebasket category of literary criticism" (Showalter 1997: 91). It is true that there are several levels on which hysteria, fiction, and hysterical narrativity are connected. In his Prefatory Remarks to the "Fragment of an Analysis of a Case of Hysteria", Freud already alludes to the genre of the novel:

I am aware that --in this city, at least--there are many physicians who (revolting though it may seem) choose to read a case history of this kind not as a contribution to the psychopathology of the neuroses, but as a *roman à clef* designed for their private delectation (*Standard Edition* 7: 9).

At the beginning of his discussion of hysteria in Elisabeth von R., Freud explicitly draws a parallel between his case studies and the short story which lacks scientificity, but Freud believes it must be due to the nature of his analysis: "a detailed description of mental processes such as we are accustomed to find in the works of imaginative writers enables me, with the use of a few psychological formulas, to obtain at least some kind of insight into the course of that affection (*Standard Edition* 2:160-161).

In his original essay, one of Freud's twentieth-century critics, Stephen Marcus, regards the "Fragment of an Analysis of a Case of Hysteria" itself as a masterpiece of modernist fiction. Dora's case is "a classical Victorian domestic drama that is at the same time a sexual and emotional can of worms"; Freud's writing bears a number of resemblance to the modern experimental novel,

its narrative and expository course (...) is neither linear nor rectilinear; instead its organisation is plastic, involuted, and heterogeneous and follows spontaneously an inner logic that seems frequently to be at odds with itself; it often loops back around itself and is multidimensional in its representation of both its material and itself"; and Freud himself becomes the central character, the "unreliable narrator" (Marcus 1990: 59, 64, 66).

Freud's work itself bears the stamp of fragmentation: its title refers to the fact the analysis was broken off and that "its 'results' are 'incomplete'." Furthermore, Freud's technique: the use of non-directional free association creates fragments, small incoherent and disparate pieces of information that may finally come together and form a whole picture. And finally, Marcus claims, "the work is also fragmentary and incomplete in the sense of Freud's self-knowledge" (Marcus 1990: 65, 67). These characteristics of Freud's writing inevitably lead Marcus to the conclusion that the text (but then, the modernist fiction, too!) itself is a hysterical narrative.

The historical analysis of Ilma's case reveals that we cannot uncritically apply the theories of the hysterical narrative as developed by literary, feminist, and especially feminist psychoanalytical criticism in all historical cases of hysteria. As in the case between Freudian vs. pre-psychoanalytical conceptions of the hysterical narrative, there is a discrepancy between what some feminists regard as 'hysterical narrative' and what the actual narrative of a flesh-and-blood hysteric on the turn of the century implied. The Freudian characteristics of the hysterical narrative: incoherence of the narrative, obscurity, unclear connections, disorganisation, incompleteness, fragmentation - became in the eyes of many feminist critics valuable precisely for their opposition to the characteristics of rational, well-designed and mastered male composition. After referring to the literary avant-garde which introduced ruptures, blank spaces, and holes into language, Julia Kristeva states that:

in a culture where the speaking subjects are conceived of as masters of their speech, they have what is called a 'phallic' position. The fragmentation of language in a text calls into question the very posture of this mastery. The writing that we have been discussing confronts this phallic position either to traverse it or to deny it (Kristeva 1981(1974): 165).

Kristeva sees woman's only possible role "in this on-going process (...) in assuming a *negative* function: reject everything finite, definite, structured, loaded with meaning" (Kristeva 1981(1974): 166).

The first problem with this approach is that it gives rise to a notion of the hysterical narrative which is cut from any historical context and which is heavily laden with ideology. It confirms precisely those ideologies, values and notions that have traditionally been equated with female hysteria: it stands for anything that is anti-male, that rejects male power that is unruly, and disruptive. It revives and glorifies the very characteristics that had a stigmatising and crippling effect on numerous women called hysterics in history. If "we flee everything considered 'phallic' to find refuge in the valorisation of a silent underwater body, thus abdicating any entry into history" (Kristeva 1981(1974): 166), as Kristeva suggests, then we proudly - and short-sightedly - occupy the position traditionally ascribed to the hysteric.

The French feminist, Helene Cixous, also finds the language of expression at the centre of the problematic. She also does away with the traditional male way of writing and instead suggests that "women must write through their bodies, they must invent the impregnable language that will wreck partitions, classes, and rhetorics, regulations and codes (...), sweeping away syntax" (Cixous 1981(1976): 256). When anticipating "an explosive, utterly destructive, staggering return" of women, Cixous invokes the "admirable hysterics who made Freud succumb to many voluptuous moments impossible to confess, bombarding his Mosaic statue with their carnal and passionate body words, haunting him with their inaudible and thundering denunciations" (Cixous 1981(1976): 256-257). Cixous wants to speak through the body of the admirable hysterics, but forgets that the body language of many hysterics in history was that of the wounds. Cixous admires the hysteric and claims to read their carnal and passionate body words while being blind to their distorted, crippled and exhausting movements during hysterical seizures, as well as to the blisters and scars caused with monograms, scissors, keys, and graduates. Cixous misreads the meanings of the wounds as well as she disregards the - rare but often successful - strategic uses of "male" syntax by these hysterics themselves.

Referring to Foucault's notion of the "hystericization of women's bodies," Elizabeth Grosz criticises him for ignoring "the possibility of women's strategic occupation of hysteria as a form of resistance to the demands and requirements of heterosexual monogamy and the social and sexual role culturally assigned to women" (Grosz 1994: 157-158). The word "strategic" implies consciousness, choice and design. But how could - as in most cases of nineteenth-century hysterics - the strokes, the fits, the hemianaesthesia, the peripheral blindness, or the epileptic seizures be the conscious, well-designed, strategic choice of women? Both views of hysteria as rebellion (Cixous) or as resistance (Grosz) imply the conscious occupation of the hysteric's position and body. But it was not the painful and crippling pathological manifestations of hysteria that could function as a conscious and successful way of protest. Ilma's case shows that it was cross-dressing, forgery, and later the faking of the symptoms, the strategic co-operation with the doctors, and the strategic use of the *knowledge* gained during hospitalisation that could serve as a way of resisting patriarchal power relations. Rather than a rejection of male syntax, it was its clever use that could serve the interest of a female patient.

Most of the above-mentioned feminist views simply disregard hysteria from the point of view of medicine and history. The interpretation of hysteria as a rebellion against patriarchal power takes hysteria merely as a metaphor, ignoring the disease called by the same name, its medical aspects, and the large welter of its symptoms. It also mistakes a number of miserable and disabled women undergoing serious pains with militant matrons seeking the destruction of the patriarchal system. It loses sight of those women who had to suffer from all the prejudices that were connected to the disease in the minds of the doctors in whose care they were thrust. And it disregards those women who were still able to use the knowledge they acquired about hysteria during their frequent hospitalisation for manoeuvring within their society.

Chapter 5. Krafft-Ebing's Hypnotic Experiments and Theory¹

In the evening of October 20, 1887, Ilma was taken to Krafft-Ebing's psychiatric clinic at the Graz hospital by the police in order to have her mental condition observed.² From Krafft-Ebing we learn that Ilma "had taken lodgings two days before at No. 33 Kepler Street, and on the 20th, she stole from a servant, who was at the time taking a siesta in the landlady's parlor, a silver watch, with chain and charm, and, from the landlady, two napkins and a sheet." A few hours later she was found in a nearby inn with the stolen items on her person. "She seemed mentally confused, and knew nothing of the acquisition or possession of the articles." Months later, she communicates to Krafft-Ebing under hypnosis that she went on foot from Budapest to Kis-Czell, which required about eleven days, and from there she travelled to Graz by train, and took up lodging at the "Golden Angel" for three days (Krafft-Ebing 1889: 1, 65). Although the trial for the theft was discontinued on December 30, 1887, since the medical report found her to have been in an unconscious state at the time of her theft, Ilma was not immediately sent back to Hungary. She stayed at Krafft-Ebing's ward for another half a year during which the doctor performed the most stunning hypnotic experiments on her.

From 1873 to 1889 Krafft-Ebing worked in three different institutions in Graz. Between 1873 and 1880 he was the medical director at Feldhof, a large provincial asylum in the outskirts of Graz. In the years 1887-1888, when Ilma stayed in Graz, Krafft-Ebing was

¹ Due to my numerous and often short quotations or references to Krafft-Ebing's book *An Experimental Study...* in this chapter, I will not always give page numbers if the date of the entry is noted. In other cases I may only use the short version: (KE pp) to give page numbers which always refer to Krafft-Ebing's book published in 1889.

² Ilma spoke and wrote in both Hungarian and German. Since she presumably came from Transylvania, it is not impossible that she also spoke Romanian. Bi- and multilinguality was a common phenomenon in the multiethnic Hungary. In 1880, 14% of the Hungarian population spoke the language of at least one national minority in the country in addition to Hungarian. 17.2% of those who regarded Hungarian their mother tongue spoke at least one other language (Kovács and Katus 1987: 1152).

heading the psychiatric clinic (or mental observation ward), and worked at Mariagrün, his private sanatorium for middle- and upper-class patients suffering from nervous disorders.³

Krafft-Ebing's psychiatric clinic could be compared to Laufenauer's observation ward at Saint Roch hospital both in size and in the functions served. Laufenauer also designated his ward with the German *klinik*, which referred to a hospital ward of small size (about 30-50 beds). Both doctors used their patient material for teaching purposes and demonstrations. While Krafft-Ebing had two assistants to help him with his work, Laufenauer had only one for many years. The following table reveals more about the two wards, the work-load of the doctors, and the conditions Ilma experienced during her stay.

Table 1. *Patient admissions and discharges at Laufenauer's observation ward at the Saint Roch Hospital in 1885, and at Krafft-Ebing's observation ward at the Graz Clinic in 1887.*

	remai. from prev. year	new adm.	total	cured	impr.	not impr.	died at the ward	re- mained	referred	out- patient	hysteria
1885 Laufenauer Budapest	57	756	813 100%	145 18%	188 23%	365 45%	59 7.6%	39 4.8% ⁶	327 ⁴	183	25 ⁵ +35 ⁷
1887 Krafft-Ebing Graz	39	844	883 100% ⁸	123 14%	176 20%	362 41%	37 4.2%	50 5.6%	135 15%		81

1885 and 1887 are the years when Ilma was hospitalised in these institutions.⁹ The figures show that the two observation wards were similar in size as well as in their success (or lack of success) in treating the sick. The slight differences in the figures may partly be due to the fact that Laufenauer included the number of those patients who were referred to another

³ He strictly excluded mentally ill patients from Mariagrün. The sanatorium was opened in 1886.
⁴ Laufenauer included the number of patients referred to another institution into the cured-improved-not improved categories, while Krafft-Ebing did not.
⁵ Both Laufenauer and Krafft-Ebing's figures include the different sub-groups of hysteria, such as hysterio-epilepsy, for instance.
⁶ Laufenauer only provided the numbers, and I did the table. If we add up Laufenauer's numbers, we only get 796, which means that 17 patients are "lost" somewhere among his numbers.
⁷ The additional 35 hysterical patients are from among the outpatients. Krafft-Ebing does not give numbers for outpatients.
⁸ The figures related to Krafft-Ebing's clinic are from Hauser. I added some of the percentage numbers to Hauser's figures.

institution or ward in the figures of improved/not improved patients, while Krafft-Ebing gave their number separately (135 patients, 15%), without indicating the direction of change in the patient's condition. I am not so pessimistic as Hauser, who claims that the condition of probably most of the patients referred to other wards in Graz had not improved, and thus the success-rate of cured and improved patients was only about a third (34%) of all patients: 299 out of 883.¹⁰

What is immediately visible from the table is that there was a constant flow of patients to Krafft-Ebing's ward. Ilma was again in a small but changing community of people confined within the walls of an institution. There are entries informing us that she was amusing herself with fellow patients in the ward. The patients read papers, talked, and exchanged information. On December 22, a fellow patient told Ilma about the experiments performed on her before the medical society the patient read in the newspapers, "and had the indiscretion to tell [Ilma] about it." The patients also cared for each other. On June 2, for instance, the doctor believes Ilma was transferred to auto-hypnotic state by a fellow patient who, "led by a feeling of pity, has repeatedly, during the afternoon, laid her hand on Ilma's forehead while she was complaining headache, and thus apparently influenced her hypnotically." Patients also influenced each other emotionally. An entry on May 30 states about Ilma that "hystero-epileptic attacks do not occur, in spite of numerous brief attacks of violent emotion caused by another hystero-epileptic patient."

The patients could leave the hospital only with Krafft-Ebing's permission, and accompanied by an attendant. On May 11 Ilma went to church with an attendant to make a confession, and "thinks that she would have been compelled to run away, if she had received no permission." Although the entry on January 7 shows that sometimes the doors

⁹ Although Ilma spent there only 2 and a half months in 1887 and 5 and a half in 1888, the only available figures are from 1887.

¹⁰ Based on the similarities between the size and the success-rate of the two wards, we can speculate that Laufenauer's numbers are revealing in this respect, even if the individual interpretation of disease- and discharge categories may have differed. Laufenauer's practice shows that from the 327 patients he transferred to other institutions, he regarded 143 (44%) as improved or curable (thus he sent them to Lipótmész state asylum); and 184 (56%) as incurable (81 of them transferred to the asylum of the Order of Charity in Óbuda,

of the patients' rooms as well as the corridor were closed, and Ilma had to knock until a sister heard it and opened it, Ilma's mention of escape suggests that surveillance could not prevent the escape of desperate patients.

An Experimental Study

*An Experimental Study in the Domain of Hypnotism*¹¹ is a book Krafft-Ebing published on his experiments with Ilma, exploring the physiological, forensic, and therapeutic aspects of hypnosis. He performed hypnosis for the first time in 1885, and over the following 14 years published 12 articles and 2 books on the topic (Hauser 1991).

At a first glance, *An Experimental Study* is the rich and detailed description of a series of hypnotic experiments on a patient suffering from hysteria and "contrary sexual feelings". If we take this book as a complete whole and analyse it in detail, a number of contradictions, strategies, hidden aims or professional desires become visible. Rather than trying to form an exclusive opinion concerning the genuine nature of the hypnotic experiments or the validity of Krafft-Ebing's claims, my purpose in this chapter is to draw attention to the incredible range of the experiments and their symbolic meanings, and to give a scrutinised and critical analysis of the doctor-patient co-operation. The arising pattern of this co-operation is revealing about the patient's changing attitude as well as the doctor's designs.

After the *Preface*, we find a 20-page-long *Preliminary History of the Patient*, which includes excerpts from Ilma's second autobiography written for Krafft-Ebing; the doctor's notices and a long footnote; the patient's "statements" verbally communicated to the doctor;

78 to Angyalföld state asylum, 8 to the poorhouse in Budapest, and 17 to other wards at the hospital). While Lipótmező housed curable as well as dangerous patients, the other institutions mostly collected the incurables.
¹¹ Originally published in German: *Eine experimentelle Studie auf dem Gebiete des Hypnotismus* in 1888, the book was reprinted in 1889 and 1893. The English edition I use is the translation of the second German

a brief summary of Laufenauer's 1885 account and opinion (presumably translated for Krafft-Ebing by Ilma's brother); additional information received from Ilma's brother (even references to court records and observations); and information received from Jendrassik. It is, however, not always clear who is speaking or what is the exact source of Krafft-Ebing's information. In the case of Ilma's autobiography, the quoted paragraphs are in quotation marks, but in case of the information received from the brother, from Jendrassik, and from Laufenauer's article, Krafft-Ebing is not scrupulous in indexing who gave the information and where a report ends. A good example is where Krafft-Ebing describes Ilma's condition at the clinic in Pest. He claims to have received the information from Jendrassik during the "valuable communications about S.," which strengthens its credibility. Without any indication, Krafft-Ebing imperceptively shifts into describing Ilma's escape from the Pest clinic, and illustrates it with details and reasons Jendrassik hardly had knowledge of. Krafft-Ebing must have heard it from Ilma, and since he gave credence to it, he did not bother indicating the source, making the reader believe that Jendrassik provided the information (see Krafft-Ebing 1889: 18-19).

The patient history is followed by the 3-page-long *Present Condition*, a 3-page-long *Course of the Disease*, and a 5-page-long description of *Dr. Jendrassik's Experiments*. Although Jendrassik published a paper in 1888 on his experiments with Ilma and a theory of the hypnotic state in German entitled "Einiges über Suggestion" in the *Neurologisches Centralblatt*, Krafft-Ebing does not reflect on it. Apart from a short footnote in which he claims that he was about to send the manuscript to the publisher when "I see that Dr. Jendrassik has begun to make his interesting experiments known to the German medical public," Krafft-Ebing does not comment on Jendrassik's thesis.¹² It might have been due to the difference in their interest and attitude toward the question. Although both Jendrassik and Krafft-Ebing were originally trained as internists, their analyses of the hypnotic

edition. In one case I also use the 1893 German edition to point out a translation error, and to include information on Ilma after 1889 published only in this edition.

experiments are revealing about their different approaches. With the mind of a neurologist, the much younger and extremely ambitious Jendrassik wanted to understand the neurological foundation of hypnosis in the brain processes. With his many more encounters with mental and nervous patients during his years at mental and neurological asylums (Illenau, Feldhof, and Mariagrün), Krafft-Ebing was more interested in the therapeutic uses of hypnosis, and wanted to set up a model not of the brain processes, but of the different states of consciousness. While Jendrassik searched for its explanation in the brain-cell whose function is manipulated by the experimenter, Krafft-Ebing concluded that "the basis of the experiments is a psychical factor between the patient and the experimenter" (Krafft-Ebing 1889: 118).

Then follows the central part of the book, the 66-page *Daily Note-Book of Hypnotic Experiments at Graz* (which includes the descriptions of the two demonstrations before the large audience of the Medical Society, and several smaller demonstrations before a few doctors). It covers the seven-month period from 24 October, 1887 to 30 May, 1888. Krafft-Ebing originally closed the notebook here, but attached to it 14 extra pages in the second edition¹³ covering two more weeks and containing the most baffling interchanges between the doctor and his patient. The daily notebook is a chronological documentation of a series of experiments, containing almost 100 entries on the sessions, some of them several pages long, while others only a few lines. It is important to note that the entries in the notebook were put down probably by an assistant doctor. Here Krafft-Ebing appears in the third person singular, while other parts of the book are written by Krafft-Ebing in the first person singular, or in the impersonal style of medical report.

Even if subsequently edited, it is not retrospectively designed or manipulated. And here lies an inherent characteristic that is in sharp contrast to the 12-page *Conclusions* closing the book. In the *Conclusions*, Krafft-Ebing gives a clear and brief description of

¹² I have not been able to check a copy of the 1888 first German edition of Krafft-Ebing's work, to see if he already read Jendrassik's work before the first edition and still did not include it in the second edition.

¹³ I use the 1889 English translation of the second German edition, in which Krafft-Ebing claims this.

the different states of consciousness, a crystallisation of his theory. If we had only this at our disposal (as in most psychiatric textbooks), we would be compelled to take it at face value, and at most, read it critically in search of inconsistency in the model. But it is preceded by the daily notebook, in which Krafft-Ebing's theory is gradually evolving in front of our eyes. His way of presentation allows the reader to participate in an ongoing project, to become a passive outsider present at a number of experiments (while, obviously, excluded from others).

Almost as if being allowed to stand quietly behind the professor during his experiments and visits to Ilma, we are witnesses to their dialogues and encounters.¹⁴ We have the rare chance to see his work in its making, his theory in its formation. If we read the *Conclusions* alone, we would read the condensed version of his theory presented in a logical way. But it is precisely the development of the experiments that becomes interesting. We can detect when and how changes in the experiments and the doctor-patient co-operation occur, we can sense shifts in the participants' feelings and attitude, and can formulate a view whether Krafft-Ebing pays sufficient attention to or misinterprets them.

It is only in the daily notebook that we realise to what extent the experiments and the evolving of the hypnotic theory are the result of Krafft-Ebing and Ilma's co-operation (or non-cooperation). It is here that we are surprised or grow suspicious why Krafft-Ebing ignores some of these changes, while he places undue emphasis on others. And since we can turn back the pages and check some of our suspicions, and can write up little calendars for ourselves to see if the patterns really exist, and we can collect the strange dialogues and experiments and muse over their symbolic meanings, we can come to different conclusion than Krafft-Ebing did. And this may be of interest to the social historian of medicine and psychiatry much more than the mere theory presented in the *Conclusions*.

¹⁴ I am aware of the fact that the notebook, as any written and edited work, can distort the actual words of the doctor and especially the patient.

The Model

The central premise of Krafft-Ebing's interpretation of the experiments is that, in hypnosis (as well as during her normal life), Ilma goes through different states of consciousness which are unrelated to each other: they are not connected with the numerous threads of memory. Ilma can only be present in one state at one time, and, as if in totally different worlds, she is not aware of the existence of the other states, as well as of the events and her acts in those states. At the same time, she moves among these distinct states without difficulty, with no need for time for adjustment at all. Ilma immediately adapts to the certain state she is in, always unmistakably picks up the thread of events and memory particular to that state, and acts, speaks, and remembers accordingly.

Krafft-Ebing introduces the first two states already in his *Preliminary Remarks*. He marks the lucid, normal state with I. and the hypnotic state with II. Transfer from I. to II. can be achieved by fixed gaze, simple command, light pressure on the eyeballs, or stroking of the forehead, and from II. to I. by blowing in the patient's face or by the command to awake. "In the lucid condition absolute amnesia exists for the events of the hypnotic state" (Krafft-Ebing 1889: 33). At the end of his work in the *Conclusions*, Krafft-Ebing summarises his theory on the different hypnotic states. Here he calls II. a state of catalepto-somnambulism, III. an auto-hypnosis, and claims that these may be produced experimentally at any time. On the same page, contradicting himself, he also states that transfer to II. "is only possible when the patient is in accord with the experimenter's will" (KE 115). Compared to the more clear-cut statements in the daily notebook, here he draws conclusions less categorically, allows for exceptions, and admits the existence of incomplete states. During these, inhibition is not absolute, Ilma's will is not entirely held in check, and amnesia in I. for the events in II. is incomplete.

Based on an experiment on 24 November, 1887, Krafft-Ebing further elaborates the picture by introducing *post-hypnotic suggestions*.¹⁵ The essence of post-hypnotic suggestions is: a suggestion is given in II. to fulfill some task at a certain time in the future, and the hypnotised person performs it even if days or weeks elapse in the meantime. On 24 November Ilma is given the post-hypnotic suggestion to take a saint's picture from the wall and carry it to another room. Right after she fulfills the task, and asked in I. where the picture is, she can not give an answer. Immediately transferred to II., she remembers that she took it to another room, but cannot tell why. Krafft-Ebing concludes that "in state I. the patient generally knows nothing of post-hypnotic suggestions; but it is the contrary in II." (Krafft-Ebing 1889: 46).

On December 16, 1887, we find the first mention of *auto-hypnosis*: "Of late the patient has been repeatedly found by the attendants in a dreamy, unconscious state, with eyes glazed (auto-hypnosis), from which she came to herself as from a deep sleep after a few minutes or a quarter of an hour." But it is only on December 25 that Krafft-Ebing gives voice to his suspicion that it is a peculiar state. When he claims that Ilma hid a sheet, of which she knows nothing in state II., he notes in parenthesis that she did it "apparently while in an auto-hypnotic condition," and lower on the page calls it "a presumption that auto-hypnosis is a peculiar state III., having two modifications, whether it originates spontaneously or as a result of post-hypnotic suggestion." On January 5, 1888, Krafft-Ebing observes that "Of late the patient more often falls into states of auto-hypnosis, probably by fixedly looking at objects, especially shining ones." The increasing frequency noted by the doctor may be due to the fact that now, after he 'discovered' state III, he started to look for it. But it is also possible that Ilma sensed something of Krafft-Ebing's thrill at the discovery, and started to produce the state more frequently to satisfy him. My

¹⁵ It is not the first post-hypnotic suggestion Krafft-Ebing describes (there was one on November 1, and one at the demonstration before the Medical Society at Steiermark on November 14.), but it is here that he first defines it.

explanation for it is, however, related to the change in Ilma's attitude due to her emotional and psychic conditions, as I claim later.

Summarising the above described phenomena, Krafft-Ebing differentiates between three sub-categories in state III in the *Conclusions*. III.a is produced by an inadequate attempt to transfer Ilma from I. to II. or II. to I. The inadequacy lies in the fact that, instead of counting three himself, Krafft-Ebing allows Ilma to count. In III.a the mental inhibition is not so complete as in II., she is capable of perceiving (seeing, hearing) others, but she is in a dreamy consciousness. Spontaneity, will, and clear apperception are wanting. Krafft-Ebing believes that "in this state optic and auditory stimuli become dangerous to the patient, since she possesses herself automatically of the objects from which they arise (silver-plate, watches, and the like), and thus becomes an unconscious thief" (Krafft-Ebing 1889: 122). Like the magpie in the tale, Ilma in III.a simply can not resist shining and bright objects.

III.b is a modification of III.a, the difference is that it arises spontaneously (auto-hypnosis) from I. Mental inhibition, however, is almost as strong as in II, and here she is mostly (though not exclusively) excited through the auditory path. "Thus thefts are possible. Only in this direction is an automatic, unconscious, but at the same time complicated and precise, action possible". Krafft-Ebing claims to have empirically discovered with Ilma that the moment she starts to fulfill a complicated post-hypnotic suggestion given in II., she passes into auto-hypnosis; that is, "the suggestion has a hypnotizing effect as soon as it becomes actual" (KE 123). In this III.c state, inhibition is less than in III.a and b.

Krafft-Ebing proves that a., b., and c. phases are modifications of the same III. state with the fact that memory exists for events in these modifications. He denies the possession of memories across states I., II. and III.: "These different spheres of consciousness never intersect - each has its own memory," except for state III.c, the events

of which are remembered in II.. Thus a "triple consciousness is exhibited, each founded on a nervous mechanism of a peculiar kind" (KE 124-125).

The Therapeutic Value of Hypnosis

In the beginning, Krafft-Ebing anticipates that the daily notes of the hypnotic experiments will prove "how far a great number of the symptoms were experimentally and therapeutically influenced." Based on his experiences, he finds it "possible that the pitiable patient will be given a better future by means of the influence of continued therapeutic, hypnotic suggestion" (KE 25). Without any previous notice, Krafft-Ebing originally ended the notebook rather abruptly on 30 May, 1888. He opened the entry with the statement that "Of late the patient has felt better than at any time since she came to Graz," which is rather surprising for the reader who has a different impression by reaching this point in the book. And ended the notes of this day with the admission that "Since the patients declines further hypnosis," the notebook is closed. He then continued to give very detailed descriptions of a few interesting encounters on the following days. On June 12, we are informed that Ilma leaves for Hungary the next day.

The doctor assures us that, thanks to the regular and frequent (on every second or third day) therapeutic suggestions in II., hystero-epileptic attacks, as well as auto-hypnotic attacks do not occur, "the suggestion of chastity also operates satisfactorily. The patient no longer gives cause for the slightest complaint in the ward on account of her perverse sexual feeling," she is less inclined to commit suicide than before, "so that with direct reference to the most troublesome and important symptoms of the disease, the therapeutic influence of suggestion is undeniable" (KE 100). However, neither the thorough analysis of the notebook, nor the information on Ilma's state received from Budapest after her transferral confirm Krafft-Ebing's optimism.

We must not overlook the discrepancy between many of the doctor's statements and the changes in Ilma's condition, behaviour, and the doctor-patient co-operation. Although Krafft-Ebing does not state that Ilma left cured of her disease, he nevertheless suggests that Ilma left Graz in an *improved state* by stating that she has not felt better since she arrived at his clinic. In fact, she seems to have been in a much worse state than when she arrived. Ilma's *attitude* also changes. She clearly *looses her trust* in the doctor, while the *doctor also betrays* his initial promise to her (not to conduct burning experiments). Consequently, Ilma's *willingness to co-operate* in the manner Krafft-Ebing expected her to weakened by the end, and it utterly influenced the result of the experiments. Rather than a linear march toward (therapeutic) success, the experiments show a patient with a decreasing willingness to co-operate, a doctor increasingly entangled in his project, and an increasingly doubtful therapeutic success.

The "Improvement" of the Patient

Although Krafft-Ebing states that "No detrimental effect on the disease was ever observed as a result of hypnosis" undertaken with certain precautions (KE 33-34), the facts show that the experiments themselves often caused great emotional over-excitement and physical exhaustion in Ilma. These may easily have led to the general worsening of her condition, to hysterical attacks, and suicidal urges. In general, Krafft-Ebing acknowledged that Ilma "avoided experimentation and demonstration, and was very glad when she was left in peace", and that in cases of long or frequent experiments, Ilma "complains of headache, fatigue, and discomfort; and likewise, when any other than the usual experimenter has undertaken the hypnosis" (Krafft-Ebing 1889: vi, 33).¹⁶ Other examples show more

¹⁶ Numerous other examples show that Ilma was unhappy with many experiments. On November 4, we read that "The hypnotizing is annoying to the patient. She contemplates flight." At the end of the November 14 demonstration before the Medical Society, the only words Ilma utters are "I am tired". On November 17, Ilma "complained about the frequent hypnotizing. She feels weak and exhausted from it". On March 15,

serious consequences to the sessions. Ilma performs a long and complicated experiment on January 7. Following the post-hypnotic suggestion that she visit the medical society in town, Ilma finds the given address without difficulty, and after the completion of the experiment, she leaves the building, and finds herself lost. Krafft-Ebing notes:

"It is exceedingly annoying and depressing to the patient not to know how she suddenly came in the street. Arrived at home, she slams the door angrily, and is very much put out with the sister, and does not speak to her. A careful watching of the patient seems necessary; for, in her despair about the unexplained situation in the street, she might harm herself. This possibility is further shown by her words to Dr. H., to whom she declares that she cannot live any longer; for she is either insane or not like other normal persons. After much trouble the patient is finally calmed, and the promise of an explanation to-morrow is given to her" (Krafft-Ebing 1889: 67).

Therefore, even Krafft-Ebing admits that some experiments could be detrimental to Ilma.

In another case the experiment directly caused an attack.¹⁷

When summarising his evidence to support the improvement of Ilma's condition due to his therapeutic success, Krafft-Ebing mentions the non-occurrence of *hysterical attacks* and *auto-hypnosis*, the disappearance of her *suicidal urges* and the manifestations of her *homosexual drives*. An overview of the course of Ilma's seven-month period of treatment in Graz proves the opposite.

Krafft-Ebing describes Ilma's dramatic hysterical attacks she has experienced for seven years as follows:

The patient states that for seven years she has suffered with hystero-epileptic attacks, which follow violent mental excitement. As aura, she feels coldness over the body, a feeling of warmth ascending from the epigastrium, and then globus. Then consciousness is lost as she gives a shrill cry. In some instances she can still support herself. According to the report of witnesses, the condition becomes one of tonic and clonic coordinated convulsion, intermingled with delirious conditions in which she often bites herself in her arms. The duration of the attacks is from a quarter to half an hour. After violent attacks she is for days mentally dull, sees every thing as of a yellowish-red color, has rushing and humming in her head,

after experiments performed by an unaccustomed experimenter, Ilma complains of headache and feels very uncomfortable. In such a condition, it proves especially difficult to hypnotize her.

¹⁷ On 9 December, Ilma is suggested in hypnosis that four of the six doctors present at the experiment are removed. When awakened, Ilma treats the four doctors "as air", when suddenly one of them - a Hungarian - begins to speak to her in Hungarian. "She starts violently, and has a hystero-epileptic attack." Krafft-Ebing finds it remarkable that Ilma "did not apperceive the three other gentlemen speaking German".

frightful visions, headache, and temperatures as high as 40C. (...) Emotional excitement has a great influence on their occurrence. They occur very easily on account of her great excitability and emotionality (Krafft-Ebing 1889: 20-21).

Contrary to the doctor's view, there is no decrease in the frequency of hysterical attacks during Ilma's stay in Graz. In the *Course of the Disease*, Krafft-Ebing lists 8 dates of hysterical seizures observed during her hospitalisation. These dates support his overall claim that Ilma was getting well, indicated by the decreasing frequency of attacks (these are on: Oct. 22, 24, Nov. 20, Dec. 2, 31, Jan. 7., March 10, May 6). The attentive reader, however, will find attacks described in the notebook, but not mentioned in the summary. Ilma had extra attacks on December 9, March 23, and April 6. In addition, Krafft-Ebing successfully prevents a threatening attack by suggestion on January 11; and on March 22 he supposes that an unnoticed hysterical attack occurred during the preceding days which destroyed previous suggestions.

A closer look at what precedes and follows most of these attacks are revealing about their nature, and the real or symbolic functions we may perceive behind them. The attacks mostly follow emotional disturbances, sorrow, anger, frustration, or fear. On January 7, for instance, a hystero-epileptic attack occurs at 6:30 p.m. "from sorrow over the impending departure of the sister of charity whom she loves. The attack is successfully overcome by hypnosis." Krafft-Ebing's means of fighting Ilma's attacks is therapeutic suggestion. On January 9, he takes the precaution of giving Ilma the post-hypnotic suggestions that she go to sleep at noon, and sleep continuously until 10 a.m., since the sister Ilma loves is about to leave the hospital, and "this cannot occur without great emotion and danger of attacks."

In these concrete cases, the doctor tries to use suggestion to evade Ilma's suicidal moods and violent outbursts that may consequently lead to attack. When anger is expected, he pacifies her by commanding her to sleep - once for 22 hours. In some cases, one has the feeling that suggestion proved to be the most successful way of 'getting rid' of her when she was a real nuisance. On January 27, 1888, after auto-hypnotic states, she was

suggested: "I forbid you to leave your bed, save for necessity." On the next day, she is ordered once and for all to "sleep from 9 p.m. until 6 a.m." In other cases, Krafft-Ebing perhaps went too far. On March 9, 1888, the doctor even tries to erase Ilma's memories. "Since the patient is often thinking about the suicide of her relatives and is depressed by it, it is suggested to her: 'I remove from your memory the death of your relatives'." Krafft-Ebing proudly concedes that when Ilma is immediately asked about the manner of death of her relatives, her answer is "I do not know."

In the general, preventive use of hypnosis in her treatment, Krafft-Ebing's therapeutic suggestions also control her sexual behavior by forbidding Ilma any manifestation of her homosexual feelings towards other patients or the sisters. On April 18, 1888, Krafft-Ebing goes as far as removing the night attendant (that is, making her invisible to Ilma by suggestion) to whom she was troublesome, and forbids her unchastity of thought, speech, and act. To his surprise, "The acceptance of these suggestions is brought about with difficulty." Since Ilma's homosexuality is clearly seen as part of her disease by Krafft-Ebing, he uses his therapeutic means to draw it under control.

It is thus significant that Ilma's hysterical attacks erase the influence of all previous therapeutic suggestions. The November 20 attack occurs "after anger at the night attendant. As a result of this, the suggestions, hitherto successful, are destroyed," which, in this case, means that Ilma keeps on troubling the sister with her attention, and not sleeping from 8 to 6 as the doctor would like her to.¹⁸

As we proceed in time, Ilma's reactions become more and more serious. On March 10, a severe attack follows violent emotional excitement and menses. Following this, she is in "a deep, spontaneous hypnotic state in the sense of lethargy -- no reaction of the senses to stimulation (...). It is evident that the last attack has destroyed all the suggestions." On 6 May:

¹⁸ On December 2, after the hystero-epileptic seizure, she immediately becomes troublesome to the sister, and has difficulty in sleeping in the evenings. On December 31 "A hystero-epileptic attack occurring toward evening destroys the suggestion".

The patient is disturbed today. She complains to the sister of severe pain under the left mamma, thinks that the professor burned her in the night, and begs the sister to obtain a retreat for her in a convent, where she will be secure against such attacks. The sister's refusal causes a hystero-epileptic attack. The assistant physician, Dr. Hellwig, being called, tries to induce II. by stroking her forehead. But she passes into III.... (Krafft-Ebing 1889: 91).

Most of the attacks follow emotional disturbance, and result in the erasure of the doctor's previous hypnotic commands which tried to control Ilma's behaviour, mood, as well as thoughts. The symbolic reading of this is that hysterical attacks are provoked by the emotional changes due to her frustration, they *signal* her unhappiness. But they also destroy any control previously exerted over her by the doctor, thus symbolically and actually freeing her.

Loss of Trust and Betrayal

In the *Preliminary Remarks*, Krafft-Ebing admits that Ilma surrendered herself to the hypnotic experiments only unwillingly, and only under the condition that there were no brand experiments performed on her. "In time it was possible to win her confidence, and she complied willingly with all such requests. However, that kind of experiments is never pleasant to the patient. She suffers their performance out of a feeling of kindness for the physicians, to whom in time she came to feel herself to be under obligation" (KE 31).

What exactly Krafft-Ebing means by obligation is not clear, but rather than an increased trust and obligation, Ilma's behaviour testifies to their gradual loss toward the doctor. On December 19 Ilma performs an interesting post-hypnotic experiment. She is given the suggestion that she appear at the second floor of 14 Sack Street exactly at 7 p.m., there she meets the professor, opens a window and sings a Hungarian song. She easily finds her way to the destination, hurries up the stairs, and

unembarrassed, the patient walks through the assembled company to a window, draws up the curtain, opens the window, and sings a Magyar song. Now the professor takes her by the arm, introducing her to the company. Confused, she looks anxiously about her, ... Scarcely is she out of the room, when she no longer

knows how to find the stairs which she has so lately come up. She asks: 'Where am I, and how did I come here?' She grows very anxious and agitated. The patient no longer knows the name of the street and number, she does not know which direction to take and remembers nothing of the events at the meeting (KE 58-59).

Ilma demands an explanation of what happened, and learning that she visited the professor, she exclaims: "the professor is getting really mean." A few days later, a patient reads about the hypnotic experiments performed on Ilma at the Medical Society on December 12, relates it to Ilma who "as a result, (...) is very angry and amazed, and her confidence in the professor is shaken" (KE 60).

With the passing of time, Ilma's trust in the doctor is further weakened. On May 6 Ilma is especially disturbed.

She complains to the sister of severe pain under the left mamma, thinks that the professor has burned her in the night, and begs the sister to obtain a retreat for her in a convent, where she will be secure against such attacks. The sister's refusal causes a hystero-epileptic attack.

The next day Ilma "receives the professor in indignation and anger, and reproaches him with having caused her the pain in the night. It was necessary to give his word of honor that it was not so, in order to conciliate the patient" (KE 91-93). On May 24, Krafft-Ebing's lines prove that Ilma is less willing to co-operate, and that she irrecoverably lost her initial trust in the professor. Since she often found her toilet disarranged after the visit of the physicians, Ilma began to suspect that her waist (probably her shirt) was opened during II. To find assurance, she placed small pieces of paper between her waist and underclothes before the morning visits. The small pieces of paper, fallen out during II. and found on the floor in I., convinced Ilma that her dress was removed during hypnosis ("actually for the purpose of examining the red spots and the wounds on the thorax" - admits the professor) (KE 98-99).

Krafft-Ebing duly lost her patient's trust, since he "betrayed" Ilma. In spite of his initial promise that formed the basis for their agreement, on December 18 and at the end of February, he performed different skin-experiments, suggesting red circles to appear on the skin. They result in red furrows with skin wanting and a yellowish-grey scab on the spot,

itching, epidermis, secreting moisture, suppuration, that is, all the painful and troublesome effects of the brand experiments. Perhaps it is no surprise that during these days Krafft-Ebing mentions "incurrent violent emotional excitement" several times, including one that leads to a severe hystero-epileptic attack (KE 77-81; 58).

Changing Co-operation

Ilma's co-operation considerably weakened, which manifested itself in two ways. On the one hand, contrary to Krafft-Ebing's claim that her auto-hypnotic attacks lessened, Ilma's sudden shifts into auto-hypnosis increased, making the usual transfer from II. to I. impossible, and entirely erasing the therapeutic suggestions. Parts of the entry for June 2 show to what extent auto-hypnosis undermines the doctor's control:

The patient ... is found in state III. today at the morning visit. She sits in her chemise at the table, her head resting on her hand, and clasps a holy image. ... The mien is expressionless, as if sleeping; the eyes are half-open and turned downward to the right, and glassy as if amaurotic. She is cataleptic... It is apparently a state of peculiarly deep auto-hypnosis (III.b.). ... By repeatedly speaking and calling to her, and taking hold of her, she is brought en rapport with the professor, while the assistant and attendant remain unperceived.

Taken to task, the patient says whiningly: 'I have not been able to keep the commands.' It is evident that by the occurrence of auto-hypnosis the memory of the therapeutic suggestions has been destroyed ...

In order to free her from this state, a transfer to II. is attempted. But the patient resists, and in spite of forcing her gaze and hard stroking of her forehead, it is impossible to transfer her to II. Only after long-continued effort is the intensity of III. lessened and communication with the patient made possible. To simplify the situation the patient is ordered to count three and awake (in I.). ... She awakes in ... III.c. ... The patient has some will-power. She does not consent to the attempt to bring her into II. by means of stroking of her brow; and, since she cannot prevent the stroking, she at least avoids looking at the professor. She passes into a lower modification of II., and comes under the experimenter's control. To the question ... 'Why did you not look at me?' (she answers) 'I did not have time to do it.' (KE 101-103).

The same afternoon, as well as several times during the following days, Ilma is repeatedly found in auto-hypnosis. No such frequency is observable earlier.

On the other hand, Ilma seems to have assumed a more active role in the experiments, partly -- as we have seen -- by undermining them with auto-hypnosis, and

partly by *redefining some of the experiments, setting up new rules, and even giving orders and explanations* how Krafft-Ebing should conduct them if he wished to have success! On February 21, 1888, Ilma is suggested that "she must allow a circle to appear on the skin as a red line, which is drawn with a pencil on the outside of the dress over the left scapula." The next day the circle cannot be seen, and to the doctor's order to speak about it under hypnosis, she answers: "You did not do that well; you made it on the dress instead of on the skin." Accepting Ilma's explanation, the repeated suggestion now works. Another example is from March 18, when we read:

In II. today injection of pilocarpin 0.02 grams, with the suggestion that it is for curative effect, but that the secretion of saliva and sweat must not occur. Soon thereafter the patient's countenance wears an angry expression, and being questioned, she exclaims: 'I cannot obey you every day!' (KE 83).

Realising that he had better taken her words seriously, Krafft-Ebing did not perform experiments on Ilma for four days.

In the afternoon of June 2, Ilma is found in auto-hypnosis. Dr. Werner tries to transfer her to II. by stroking her brow. Since he fails to do so, on her own initiative, the "patient looks up, and says spontaneously to W.: 'Ilma cannot obey W. before S. (a fellow patient) has wakened her.'"¹⁹ The notebook explains:

It is ascertained that the patient S., led by a feeling of pity, has repeatedly, during the afternoon, laid her hand on Ilma's forehead while she was complaining of headache, and thus apparently influenced her hypnotically. The patient S. is summoned and directed to suggest to Ilma: 'I., wake up; but allow yourself to be put to sleep again immediately by W.' I. immediately follows this command of S., and now II. is easily produced by the physician (KE 103-104).

The twentieth-century reader may seriously suspect that the patients conspired and simply played with their doctors. They were aware of the rules (of the different hypnotic states, their transfers, etc.), and not only complied with the doctors' wishes, but even took the initiative.

¹⁹ It is important to highlight, that this is the first entry (on the 2nd of June!) when Ilma talks about herself in the third person singular. The next example discussed later is already a very complex scene where Ilma's use of the third person singular has specific meanings.

June 5 proves that the encounter between doctor and patient became even more complicated, and that the patient took a clearly active role, something Krafft-Ebing also accepted. The June 5 dialogue is a remarkable example that Ilma is not only perfectly aware of the characteristics of the different hypnotic states, but is also able to redefine the rules and make Krafft-Ebing follow them. Since Ilma had been sleepless for days, the doctor laid special stress on the sleep suggestion.

The patient does not accept the suggestion, and when pressed explains her refusal in the following interesting way: when she obeys the suggestion referred to she is not in a natural but in an artificial (post-hypnotic-suggestive) sleep. When in this artificial sleep, she cannot fulfil an earlier suggestion, viz., to allow nothing to be made on her skin ... Since these two suggestions come in conflict, the sleep suggestion is not accepted.

Here Ilma probably refers to their original agreement that there would be no brand experiments performed on her. A couple of days previously Ilma found serious wounds under her mamma. First she suspected Krafft-Ebing of producing it, and although later accepted that it was not him, she still felt unsafe when put to sleep. What is remarkable, is that according to Krafft-Ebing's rules, she should have to accept any suggestion in II. without hesitation. But Ilma redefines the rules and gives an explanation of her own. Krafft-Ebing has no other choice than to accept it and ask for her further help:

To the question as to what could be done to help her sleep well, the answer was obtained: "Then you must do as Professor Jendrassik."

"How did he do it?"

"I cannot tell you. You must put me to sleep as Prof. J. did."

"How did he do that?"

"I can only tell that if you command me."

"I command you!"

Ilma tells him how Jendrassik hypnotised her, and Krafft-Ebing follows her suggestions, commends her to sleep well, but it seems to remain without effect (KE 105-106). Two days later, Krafft-Ebing attempts to transfer Ilma to II., "according to the patient's directions," in order to give her therapeutic suggestions. Ilma probably managed to offend Krafft-Ebing's professional pride and manly self-esteem with these remarks and comparisons to Jendrassik.

Seeing becomes essential in the encounter of doctor and patient. On May 24, Ilma "does not raise her eyes to the physician" which results in her transfer to an incomplete II. "The patient's forehead is again stroked, and she is peremptorily commanded to look at the physician". Now that she "obeys" the order, it leads to success (KE 98-99). Refusal to look in the eyes of the doctor becomes a successful means to undermine his attempts to hypnotise her. Ilma clearly exploits it to protest. On June 2, by the time Ilma's attitude had gone through considerable changes, her refusals multiply. The doctor sadly observes that "the patient has some will-power. She does not consent to the attempt to bring her into II. by means of stroking her brow; and, since she cannot prevent the stroking, she at least avoids looking at the professor". To the question "Why did you not look at me?" her simple and slightly arrogant answer is "I did not have time to do it" (KE 103).

After a failure of hypnosis on May 24, Ilma is requested in II. to speak about it, and she says: "I cannot obey you, because I have not looked at you." It is not the first time when one is struck by the clarity with which Ilma sees through the rituals and "rules" of the experiments. Or rather, one has the feeling that in a sense Ilma sets up these rules, and the doctor is thrilled to fit them into his constructed picture, and to interpret them.

With the passing of time, the communication between doctor and patient becomes even more laden with symbolic meanings. On June 5, Ilma transfers to a "new state, which has never before been observed in the patient ... a modification of state III., which may be considered as *fascination*."

To the question, "Why do you not sleep?" she answers: "Because the professor has not given Ilma the commands in such a way that she can get well."

"How should I give the commands?"

"Prof. K. should command Ilma that she must *once and for all* have no thought of suicide; Prof. K. should further command Ilma that *once and for all* she must not get into a condition of irresponsibility, since she is not only irresponsible when she looks at shining objects, but also when she is passionate and angry; and further, Prof. K. should say to Ilma that *once and for all* she must have no attacks. The professor must command Ilma to do this, and she will sleep. You must not say that to me, but to Ilma."

"Where is Ilma?"

"Ilma is in your eye."

"What shall the professor do in order to have Ilma keep the commands?"

"The professor must give them to Ilma while stroking her across the brow, at the same time turning himself away."

"Does Ilma hear, or do you?"

"I hear you; Ilma is in the professor's eye."

"Who are you?"

"Now I am nothing; I am the image."

"Do you wish to become Ilma again?"

"Yes, because I feel great pain in my eyes and head."

"Cannot Professor K. command Ilma directly to sleep well?"

"The professor cannot do that, because he has already spoiled it; because Ilma does not sleep naturally when she goes to sleep at the professor's command"

... the patient declares that she is incapable of a certain action that is done.

"I am nothing; I am the image in your eye. I cannot do it because my image is in your eye. I cannot take any commands; Ilma can do that, Ilma alone can accept the orders, The eye hurts me very much."

(The professor covers up his eyes with his hand.)

"Professor K. covers up the image."

If we compare this scene to those that had taken place during the first months, we find the difference remarkable and amazing. Even when she "actively" took part in those performances: when she enacted certain roles and situations, the context was determined by the doctor. Even in the action symbolically representing the highest degree of autonomy and will: the murder of someone, Ilma was driven under hypnotic influence. But here the situation is inverted, she becomes the knower of the rules and the reasons for failures, the initiator, and the inventor of the context.

The scene also seems to gradually turn into the patient's most moving criticism of the experiments and the doctor. Ilma is distanced from the patient who is being hypnotised, who is reduced to nothing, to an image in the experimenter's eye. Ilma is shown as the active agent who can obey, give answers, think, act, and take responsibility for her acts,²⁰ and the patient appears to exist only for the doctor, for his unappeasable curiosity, fantasies and wishes. Whether a serious psychiatric case of split personality, or the most refined way chosen by a patient to communicate her feelings and criticism to her doctor, it is hard to tell. The 14 pages attached to the notebook after May 30 contain such strange and symbolically laden dialogues that either Ilma's psychic conditions deteriorated considerably, or she became more involved in the experiments and took over the initiation,

or both. I called the original ending abrupt and the subsequent attachment of the 14 pages strange because we do not get an answer from Krafft-Ebing for this dilemma.

To claim that all Ilma does is the result of clear strategies of a conscious protest or rebellion by the patient, would be to acknowledge that Ilma considerably controls her life at the clinic and that she consciously partakes in the experiments as in a game. I believe that Ilma simulated during many experiments. But I do not think that we can securely go as far in the interpretation as to claim that Ilma faked most of them or got entangled in the encounters as in a game that amused her. I do not think we can decide about it more than a hundred years after the events. There is, however, a clear pattern of change in the doctor-patient co-operation during the 7 months.

There are clear signs of a causal relationship between her experience, frustration and feelings, and her reaction (conscious or unconscious, practical or rebellious) that results in temporarily freeing her from the doctor's control exerted via suggestion. The dynamic of her life at the clinic follows a pattern in this respect: hypnotic experiments, successful suggestions; auto-hypnotic states or hysterical attacks following her anger, sorrow, dissatisfaction, frustration, which erase all previous suggestions; and which is finally overcome by other suggestions.

While I would not dare to claim that Ilma was able to consciously and strategically produce hysterical attacks just to destroy the controlling and limiting effects of the therapeutic suggestions (as the rebellion and protest theory would have it), I would go as far as to claim that the auto-hypnotic state (III) could easily be Ilma's invention, even strategic, and rebellious, to create a state in which there is absolutely no control of the doctor over her.

²⁰ When later the doctor asks the patient if she took a watch away, she answers: "Ilma did that".

The next notes are from June 12, when Krafft-Ebing announces for the first time that the next day Ilma is taken to an institution in her native country, in accordance with an order of the Hungarian Ministry. After seven months of experiments, Ilma is transferred to Lipótmező mental asylum in Budapest. Is it true that on May 30 Krafft-Ebing truly believed Ilma was never in a better condition since she had arrived to Graz? He must have sensed the growing opposition in Ilma, and faced the increasing failures of his experiments with her. Did he feel it was time to "get rid" of her? And close the notebook on May 30 with such optimistic remarks to cover his failures?

According to an 1876 resolution of the Hungarian Interior Ministry, in case a mental patient from any crownland of the Monarchy was hospitalised on another crownland, the home country's ministry had to be notified in order to facilitate the patient's treatment in his or her home country provided that the patient was transferable (quoted in Moravcsik 1888: 193-194).²¹ After Ilma was found incompetent on December 30, 1887 in the theft she committed in Graz, her return to Hungary was no longer hindered by any legal procedure against her. It was up to only Krafft-Ebing to decide when Ilma would be transferred back. Krafft-Ebing had had many Hungarian patients in Austria, thus he was well-aware of the patients' legal conditions.

The fact that Ilma was ordered back by the Interior Ministry, and was actually escorted back to Hungary on a train with an attendant from Lipótmező, suggest that she was not taken care of by her family, and her transfer was not decided by them. The Interior Ministry's permission and arrangements were indispensable only in case the costs of a patient's hospitalisation were not met by the family (see 1870 September regulation of Interior Ministry in *Az egészségügyre ... (Collection of Laws...)* 1895: 21). The 1869 Basic Regulation of Admission at Lipótmező reveals that the Interior Ministry decided about the

²¹ Another February 1870 decision of the K. u. K. (Königlich und Kaiserlich) Ministry of Foreign Affairs and the April 1870 regulation of the Hungarian Interior Ministry confirm the 1853 international Convention in Eisenach and extends it to mental patients as well. According to this, the signing states mutually agree to take care of the physically and mentally ill until their transfer to the mother country is possible (*Az egészségügyre ... (Collection of Laws...)* 1895: 17).

hospitalisation of patients who had no family or the family was unable to support the patient, and met the costs with public money (1869 Basic Regulations quoted in Moravcsik 1888: 196-197 and Oláh 1889: 25-27). The procedure of transfer thus had to be initiated by Krafft-Ebing, the physician treating Ilma. It would be interesting to know how long it usually took for the Ministry to react and order the patient's transfer to a Hungarian asylum. The seven months Ilma spent at the Graz clinic seems to me a long time, and I find it possible that Krafft-Ebing did not want to send her back immediately. His investment in her case, the detailed entries in the notebook suggest that he did not plan an early transfer. Furthermore, Krafft-Ebing enjoyed a considerable freedom in deciding about the fate of his patients. When describing the statistics of the Graz clinic, Hauser remarks that asylums obeyed elaborate legal regulations regarding admissions and discharges, while most clinics did not. Admissions to clinics, for instance, took only a couple of hours. According to Hauser, Krafft-Ebing commented positively on these rules at Graz clinic in an article written later in Vienna, claiming that there had never been any difficulty arising with public or government officials due to the lack of rules at the clinic (Hauser 1991, chapter on Graz). My impression is that Krafft-Ebing kept Ilma at his ward for a long period of time, at least, longer than he was obliged to. Ilma's family probably did not pay for her hospitalisation. Krafft-Ebing could easily claim that Ilma was not "transferable", but he had to prepare reports on her condition in every 3 months proving his decision. I believe he kept her in Graz mainly for her high suggestibility and her final transfer to Hungary could have been partly due to her decreasing willingness to co-operate,

Intimacy, Influence, and Possession

On June 12, Krafft-Ebing claims that "the patient wishes to remain, hoping to get well here. She says repeatedly that she cannot reconcile herself to the thought of being taken away." He later refers to Ilma's destination, the asylum, as "a place of horror to her while

in I." (KE 112). The fact that she did not want to go to a lunatic asylum but rather stay suggests that she was able to weigh the advantages of the clinical setting over those of the asylum. What the asylum kept in store for her, is described in the next chapter. Here I focus on certain aspects of the nature of her relationship with Krafft-Ebing not mentioned so far: what goes beyond the impersonal contact of a busy doctor and his uninvolved patient.

There is an erotically charged, very intimate relationship arising between doctor and patient in the ideal, successful hypnosis, characterised by a domination by the doctor, and an attachment by the patient. Krafft-Ebing believes that "the intensity of II. and the experimenter's domination of the subject of the experiments depend entirely on the intimateness of accord between subject and experimenter" (KE 116). The doctor poses in the role of Pygmalion: Ilma is like a "statue (...) given life by suggestion" (KE 117). The doctor invades the woman through her senses: sight and touch become essential in their contact. He imagines Ilma taking his "image (...) into the darkness of the unknown hypnotic state" (KE 115), he tries "to impress his image on her mind" (KE 32, 103). (Ilma in fact had a photograph of the Krafft-Ebing she had been given at her request, and she turned very sad when she believed the photo was lost (KE 70).)

Gentle touch of the skin with bare hands is part of their little everyday ritual, the stroking of the brow with the palm becomes Ilma's "preferred" method of transfer from I. to II. (KE 32). The lack of his touch directly on the skin will lead to failure, stroking is ineffectual when done in a glove (KE 51, 82) or with a brush (KE 116). Ilma provocatively demands the doctor's touch by instructing him several times to gently stroke her forehead.

On the doctor's side, there is a proud occupation with his exclusive and dominating influence on Ilma. Krafft-Ebing endlessly announces, almost boasts of, his exclusive right to hypnotise her, as well as his eminence in doing it to others who also tried it: he "reserved to himself the right to hypnotize the patient" (KE 31). "This remarkable influence is possible only to him (that is, Krafft-Ebing)" (KE 116, also: 50, 51, 56), and even "the

magnet is effective only in the experimenter's hand" (KE 48, 118). "The experimenter's power over her is unlimited. The states and changes (transfer) suggestively induced by him, exist, however, only for him; they are psychical, subjective, not objective" (KE 117-118). At the same time, "All others present are to her as air" (KE 38).

Krafft-Ebing tries to influence her during his absence as well. When Ilma is expected to be problematic because of the impending departure of the beloved sister, and "becomes restless and fatigues herself trying to refresh her memory," Krafft-Ebing controls her from his home by having another doctor transfer her to II. at 8:15 and tell her that "the professor sends her greeting, and forbids further mental effort, and commands her to sleep well the whole night. At 8:30 she goes to bed and sleeps all night without interruption" (KE 63).

Her co-operation with other doctors is rather ambiguous, and some encounters show that she can become rather obstinate and make them feel that she does not simply accept any change in the usual way of the experiments (as practiced with Krafft-Ebing). On April 6 (after Krafft-Ebing left on April 3 for a couple of days), Ilma has a hystero-epileptic attack and suicidal feelings. A fellow physician hypnotises her and makes her accept the usual therapeutic suggestions. "Thereafter satisfactory *status quo ante* in I". A few days later Ilma is presented a letter claimed to be written by Krafft-Ebing, which contains instructions that she should recite the therapeutic suggestions to the physician present, but rather than simply following the instructions, Ilma responds in an obstinate letter to Krafft-Ebing saying:

But I do not understand your letter entirely. You write that I shall recite something to Dr. K., and then be awakened by him. Probably you forgot to write what I should recite to him, for, as much as I rack my brains, I am unable to understand the meaning of these sentences.

Later the day Dr. K. "has repeatedly asked the patient in vain: 'What has the professor required of you?'" When he finally succeeds to transfer her to II., Ilma, unasked, recites the four therapeutic suggestions, but does not let him remove the pain in her stomach by

suggestion. Ilma "does not accept the suggestion, and exclaims angrily: 'You should awaken me now!' The transfer to I. is brought about by a simple command" (KE 88-89). Her obstinacy and angry reaction suggest simulation.

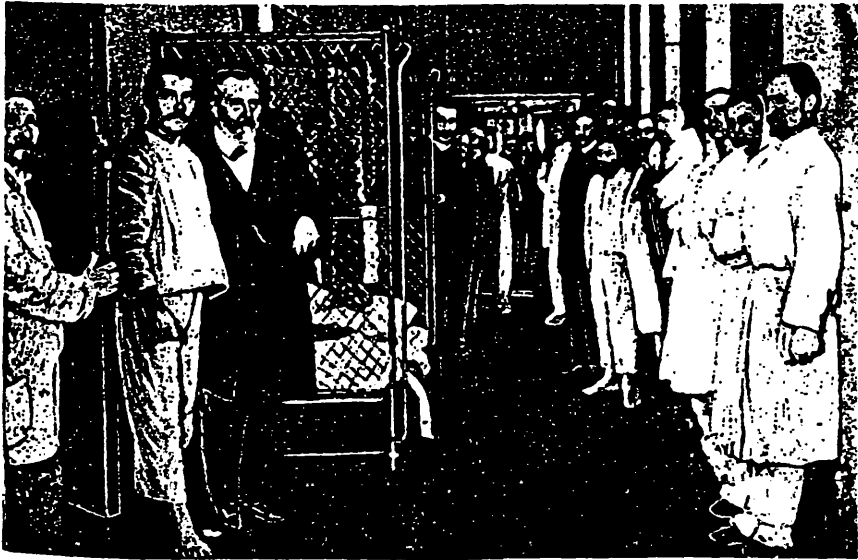


Figure 15. Richard von Krafft-Ebing on clinical round in Vienna, 1892-1902

Another interesting example proves a strange dynamism existing between Ilma and Krafft-Ebing. On one occasion, Krafft-Ebing observed Ilma with another doctor who accidentally transferred her to II. Under the pretense of an experiment, Krafft-Ebing asks the doctor to make Ilma say: "Professor K. is a swindler" and to give him a question with the patient. Ilma repeats the offending words to the professor. Krafft-Ebing, who was not surprised earlier when Ilma - following hypnotic commands - stabbed someone in hypnosis, or stole watches, now is clearly shocked and "asks in a sharp tone: 'How could you call me a swindler?'" Ilma becomes "disturbed" and "in great excitement" gives the logical answer: "Because it was said to me" (KE 83). If Krafft-Ebing had attempted only to check the possibility of simulation, he would have commented on the experiment, but it is not the case. No wonder that after this Ilma complains of headache and "feels very uncomfortable". Krafft-Ebing has "difficulty" in transferring her to II. again, and succeeds only with "an unusual expenditure of time." The last line of the day's entry: "Transferred to

I. by Professor K., the patient feels perfectly well" gives the reader the assurance that Kraft-Ebing successfully reinstalled order.

Given his knowledge and interest as a forensic expert, Krafft-Ebing performed many experiments to demonstrate that Ilma's high suggestibility made her susceptible to being influenced by others and used in crime. In the *Conclusions* he wishes to prove that in III, Ilma "occasionally becomes an innocent thief. But she also stands in danger of becoming at any time the involuntary instrument of the intellectual projector of a crime" (KE 125).

Krafft-Ebing's other explicit aim with *An Experimental Study* is to prove the therapeutic value of hypnosis. I have reservations not only with Krafft-Ebing's own claims, but with Hauser's interpretation as well. Krafft-Ebing admits the early failure of the psycho-suggestive effect of hypnosis due to hystero-epileptic attacks or by states of III. voluntarily produced "which compels the greatest general skepticism as to their value". But in the *Conclusions* he still regards hypnotic suggestion a "valuable addition to the therapeutics of functional nervous diseases" (KE 121). Even years later, when he receives news about Ilma's condition and learns that she did not have hystero-epileptic seizures during her first year in Lipótmező, Krafft-Ebing still speculates that it was due to his posthypnotic suggestions given on June 7, 1888 (Krafft-Ebing 1893: 78-79).

Ilma Schindler

Ilma Schindler

Figure 16. Ilma's signatures published by Krafft-Ebing in the book

Experiments in which Ilma is suggested to commit a murder, or she is dictated a letter containing a slander²² convince Krafft-Ebing that Ilma's behavior can be highly influenced (KE 35, 42). Such an influence could be exerted both directly in state II, or in the form of a post-hypnotic suggestion which subsequently resulted a state III. These often theatrically presented experiments are precisely the ones which induced the most doubt concerning their authenticity both in Graz and in Jendrassik's case in Budapest. Simulation in these cases are the easiest (compared to the 'physiological' experiments).

The definition of the degree of inhibition and spontaneity in Krafft-Ebing's work seems to be the shakiest part of his model on the different states of consciousness. In cases of II, as well as III.b and c., Krafft-Ebing seems to admit less room for spontaneous action than we saw in the actual examples described in the daily notebook. These examples undermine Krafft-Ebing's claim that Ilma is absolutely under the control of the

²² Ilma's handwriting, especially her signatures form an interesting question. As an illustration to the experiments with personality changing (changing the age), Krafft-Ebing published Ilma's handwriting in the book. Hauser highlights the point that, not conforming to the general rule of covering the identity of the patient by using only the initials of the name, Krafft-Ebing published Ilma's signature thus revealing her family name. But the case proves not to be this simple.

What is surprising here, is that there were several experiments with personality changes, two of which involved Ilma's spelling out her name. The two names signed are not the same. On one of the first sessions on November 1, 1887, Ilma is suggested to be grown-up and write a will in favor of her former physician in Pest. She signs it with the name: Ilma Schándor (German spelling of the common Hungarian name Sándor to keep its Hungarian pronunciation). On May 12, 1888, she is changed into a seven-year-old school-girl and is compelled to write down her name. What she writes is: Ilma Szandor (KE 35, 95). The two names have different spelling as well as pronunciation, and neither is identical to the name Szekulics that appeared in the Hungarian papers at the time of Ilma's arrest by the police in 1883, as well as in the weekly *Magyar Salon* on her final trial in 1886. Both Laufenauer and Jendrassik used the initials I. Sz. in the Hungarian medical documents, which may refer to either Szekulics or Szandor, but not to Schándor (or Sándor).

It is also interesting that on November 1, Ilma is *dictated* the letter: "her name is dictated," and she "writes easily and fluently anything desired" (KE 35), while on May 12 Krafft-Ebing does not mention dictation, only that Ilma writes her name. Given Ilma's frequent use of fake identities, it is possible that she came to Austria as Ilma Schándor. On November 1 Krafft-Ebing was not in touch with Jendrassik yet, thus he could only use Ilma and the forged recommendation she carried with her as a source to identify her. The recommendation may have contained the name Schándor, which may explain why he dictated it to her. But it is also possible that under hypnosis Krafft-Ebing suggested Ilma a different name to cover her real identity.

By May 12, long after his communication with Jendrassik, he must have found out about the family name she used during her Budapest hospitalisation. Either Szekulics was an originally faked name, and Szandor the real, or she consciously used a pseudonym under hypnosis, which would question the validity of all the hypnotic experiments with her. It is still strange that Krafft-Ebing does not comment on the discrepancy between the two - or rather three - names, especially since he must have read Ilma's name used in

experimenter, and thus her behaviour is always entirely automatic during II or III.b and c. The November 1, 1887 session proves that, in fact, it may even involve some moral judgement or "mental struggle." Armed with a toothbrush, Ilma is urged to murder Dr. K. in state II.. "At first *she makes opposition, decides on the deed only after mental struggle*, and finally, however, steals up to her victim like a bravo and thrusts at him violently, so that she must be told to stop" (Krafft-Ebing 1889: 36, ital. mine). Another example is from the *Conclusions*, where the doctor mentions that in II. "an *indistinct, equivocal, illogical suggestion causes confusion and uncertainty*" (KE 117, ital. mine) which implies that Ilma was often able to consider what was suggested to her in hypnosis.

Krafft-Ebing also emphasises the forensic aspect of the cases when Ilma is found in auto-hypnotic state and cannot help stealing everything that is ticking as a watch, or shines as a silver gulden. Notes entered for January 27 is especially revealing:

She does not react when addressed, and does not see the physicians who have entered. There is a glassy stare ...

The professor sits opposite her and observes her. Suddenly the hitherto mask-like face lights up with expression. The patient has perceived the ticking of the professor's watch. She seeks for the watch in a dreamy state, takes it out and sticks it in a fold of the upholstery of the chair.

Now Dr. A. seats himself opposite the patient, but she pushes him away with her foot.

Dr. M. puts his watch to the patient's left ear; she follows the scent and undoes the watch deftly, putting it in her dress pocket. The same thing occurs to Dr. K. with his watch. Now having the two watches in her pocket, she goes to the door of her room, which is locked, and knocks until it is opened; she knocks at the second locked door out in the corridor. This is opened, and the patient walks on, as with a purpose, to the oleander trees, digs up the earth with her fingers, and buries the watches.

Without perceiving those accompanying her, the patient returns to her room

...

Dr. A. puts his watch to her left ear. The patient undoes it eagerly and puts it in her pocket.

Dr. M. plays with two silver guildens; the chinking of the metal immediately excites the attention of her dreamy consciousness, the features light up, and she immediately reaches for the money and puts it in her pocket.

the court records he was presented (mentioned at the beginning of the book) which probably contained Szekulics.

The professor mystifies her by rattling his keys; she listens and attacks the professor's pocket. She perpetrates a formal robbery--strikes, pushes, struggles with the professor until she gets them, and puts them also in her pocket.

Now the patient tries to carry the keys out; she knocks on the door, and, as she is not let out, she finally hides the keys behind the stove (Krafft-Ebing 1889: 70-72).

Reading these entries, one is struck by Ilma's artificial behaviour, and is not convinced of the authenticity of her acts. But what is more interesting, is that there is no second person who orders the crimes, no intellectual author to her deeds. In contrast to the usual case where the hypnotised person becomes the helpless instrument of someone else's will, Ilma seems to be the victim of her own irresistible impulses, and acts like a magpie mesmerised by the shining object. In the prevalent medical terminology: of the time she acts not as a hypnotised hysteric, but rather as a kleptomaniac.

Ilma's Homosexuality

I accept Hauser's claim that "Krafft-Ebing's contribution to hypnotism was neither extremist, nor genuinely original - apart from one exception: the use of hypnosis to cure homosexual tendencies."²³ But in connection to Ilma's case, I can not agree with her judgment concerning the "fruitfulness" of his enterprise: "He seems to have been the first to do so and it proved to be an influential and fruitful idea" (Hauser 1991: 264-265, 277). I think that Hauser in general attributes too much importance to the homosexual aspect of Krafft-Ebing's "treatment" of Ilma. Ilma's homosexuality does not receive considerably more attention from Krafft-Ebing than the numerous other aspects of the experiments and Ilma's condition. The therapeutic application of hypnosis was, indeed, Krafft-Ebing's explicit aim to pursue. With it, he tried to control Ilma's suicidal urges, hysterical attacks, inability to sleep, "unchastity," and later, the increasing auto-hypnosis. These elements

²³ Hauser claims that most of what Krafft-Ebing described was known in France, but "within a Germanic context he was a pioneer of the use of hypnosis and a comparatively enthusiastic advocate of using its therapeutic potential" (Hauser 1991: 265).

often appear together in the therapeutic suggestions, among which the "suggestion of chastity" (that is, her refrain from the molestation of female nurses or patients) is only one.

Ellenberger claims that Krafft-Ebing, who examined the most severe cases of sexual abnormalities brought before the court, and who had been influenced by the degeneration theory of Morel and Magnan, was inclined to attribute most severe sexual perversions to a constitutional origin. But the idea that psychological causes can result in sexual perversion gained ground, and the belief of a psychogenesis of sexual perversions inevitably led to attempts to treat them by psychotherapy (Ellenberger 299-300).

Ilma's homosexuality had two important aspects. In the *Course of the Disease* Krafft-Ebing mentions that Ilma's "perverse sexual feeling was a troublesome peculiarity, which necessitated constant care and attention" (KE 24). It gave reason to Krafft-Ebing to seek the therapeutic use of hypnosis against her homosexuality. The other significance is that Ilma's homosexuality was regarded by Krafft-Ebing as acquired, and thus we can infer from his comments what he perceived as the central difference between acquired and congenital homosexuality.

The first sign of her homosexual attraction to women in Graz is observed on November 1 when she became "troublesome to the sister of charity on account of kissing, etc." The 'therapy' consists of Krafft-Ebing ordering Ilma in hypnosis to "avoid such action in the future. Kissing is henceforth avoided." On December 2, a hysterical attack erases the previous command, and Ilma is "immediately troublesome to the sister." The doctor repeats the commands, but this time its influence on Ilma is deeper than previously. Krafft-Ebing quotes her letter written to the sister: "I am so sad that it seems as if I had lost something; it seems to me that I shall never see you again, and therefore my heart is so sad" (Ilma in Krafft-Ebing 1889: 46-47). The next entry on her homosexuality is on January 7 when we learn that the sister she loves is about to leave the ward, and it causes Ilma pain.

Two days later, when the sister leaves, Ilma has to be put to sleep for 22 hours not to be a nuisance or have hystero-epileptic attack.

It is worth considering what Krafft-Ebing's 'therapy' consisted of. When Ilma is troublesome to the night-attendant "on account of sexual forwardness" on April 18, the doctor simply "removes the night-attendant by suggestion [that is, suggests to Ilma in hypnosis that she will not see her], and forbids her unchastity of thought and speech and act" (89). Two days later the next entry reveals that "the patient is much disturbed because she feels the presence of ghosts, sees chairs moved and doors opened by unseen hands, etc." If Krafft-Ebing had really wanted to exploit the *therapeutic* value of hypnosis, we should probably redefine the meaning of therapy itself. Putting aside the question whether the twentieth-century reader is understandably suspicious of such experiments, Krafft-Ebing should have admitted to himself the failure of such "hypnotic therapy" which rather than calmed the patient, bewildered her by the phenomena arising after the suggestions, and that made her speculate that she was out of her mind.²⁴ "In order to quiet the patient, in II. the return of the night-attendant is announced to her; but (...) the suggestion of chastity is sharpened with the other suggestions" (KE 90).

In the *Preliminary History* Krafft-Ebing corrects the Hungarian forensic doctor, Sándor Ajtay's judgement of Ilma's perverse sexuality being congenital. Krafft-Ebing quotes Ilma's writing again:

I am judged incorrectly, if it is thought that I feel as a man towards the female sex. In my whole thought and feeling I am much more a woman. I loved my cousin as only a woman can love a man.

²⁴ On December 18, Krafft-Ebing notes that Ilma had been told in II. that Dr. Hellwig had gone away for three days. During Dr. Hellwig's visits in these days, Ilma "does not hear or see him, but is quite disturbed and frightened because she sees the door open, hears steps, and in her presence the leaves of a book are turned by an invisible hand." When the doctor comes to her smoking, Ilma sees the burning cigar and the smoke, and "thinks that she will go crazy if these ghosts continue to appear" (Krafft-Ebing 1889: 55). If Krafft-Ebing really believed Ilma was not simulating during these experiments (as he claimed), then his repetition of this experiment again proves that hypnotic experiments were rather for their own sake, and not for Ilma's treatment. (See similar experiments on November 17, December 9, December 12.)

The change in my feeling originated in this: that in Pest, dressed as a man, I had an opportunity to observe my cousin.²⁵ I saw that I had greatly deceived myself in him. That gave me terrible heart pangs. I knew that I could never love another man, that I belong to those who love but once. Of similar effect was the fact that in the society of my companions at the railway, I was compelled to hear the most offensive language, and visit the most disreputable houses. As a result of the insight into men's motives gained in this way, I took an unconquerable dislike to them. However, since I am of a very passionate nature, and need to have some loved person on whom to depend, and to whom I can wholly surrender myself, I felt myself more and more powerfully drawn toward women and girls who were in sympathy with me, especially those actuated by intelligence (Ilma in Krafft-Ebing 1889: 17-18).

Apart from Ilma's claim that she first loved a man only as a woman can love, it is her innate womanly characteristics that prove the acquired nature of her homosexuality. Despite the shift in her attraction towards women, she retains her womanly weaknesses and striving for love, for a loving companion, for support, etc. In *An Experimental Study...* Krafft-Ebing further strengthens this notion by claiming that "Her unvarying modesty in her sexual intercourse with the physicians was remarkable, and opposed to the idea of congenital perversion" (KE 24).

To conclude, Krafft-Ebing obviously fails in his experiments. What I mean by failure has already been demonstrated: the therapeutic suggestions are only effective if Ilma's emotional state is balanced, and if she is co-operative. In spite of his claims, Ilma's health did not improve during these seven months, and her willingness to stay in the role of the passive participant who accepts the subordination by the authoritative doctor -- which was essential to the success of the suggestions -- diminished by the end due to the considerable loss of her trust in him.

To understand Krafft-Ebing, we have to find the real force behind the psychiatrist's endeavours. Therapy was undoubtedly important, as well as the forensic aspects of

²⁵ Both the German edition of Krafft-Ebing's *An Experimental Study...* and the Hungarian translation of *Psychopathia sexualis* contain the above quotation, and both use here the female form of 'cousin' instead of the male. It may be important because it may change the message of Ilma's lines. In case Ilma's "opportunity to observe my female cousin" means her recognition that she was attracted to her/women, and it precedes her statements that she developed a dislike for men due to their disgusting 'male' habits and ways of living, then Krafft-Ebing's proof of the acquired nature of Ilma's homosexuality is perhaps less convincing than otherwise.

hypnosis, as Hauser suggests. But if only for these, he would not have done such a wide range of experiments with her. And he would not have sacrificed so much of his precious time on this woman alone. During the 7 months he experimented with her, there were about 515 patients he had to deal with during the various periods of their hospitalisation, and there were about 50 patients at Mariagrün.²⁶ In addition, he had about 4-5 patient demonstrations a week, and produced a lot of publications.²⁷ In a certain sense, he defined therapy as his purpose in order to legitimate his experiments appeasing his own curiosity and interest. In fact, Krafft-Ebing was probing the limits of hypnosis.

There had to be something special about Ilma, something that compelled Laufenauer, Jendrassik and Krafft-Ebing as well for such an investment, not to mind the time and energy they put into her and these publications. These doctors were not driven exclusively by purely professional/scientific considerations and interests. An equally important factor: the element of enchantment both by the experiments and Ilma can not be overlooked. And it is precisely this enchantment, this incredible curiosity and their strange co-operation what makes Krafft-Ebing's book, and Ilma's case exciting.

²⁶ I did these rough calculations by dividing the annual number of patients at the institutes by 12, then multiplied it with the number of months Ilma spent in Graz. I used the only available 1887 statistics for the clinic. For Mariagrün, Hauser provides the numbers: in 1887 there were 87, in 1888 only 68 patients treated at the private sanatorium.

²⁷ According to Hauser, in 1890 Krafft-Ebing wrote that he had demonstrated over 3000 patients during the 17 years of clinical teaching in Graz. Counting 40 academic weeks a year, there were about 4-5 patient demonstrations a week (Hauser 1991, chapter on Graz).

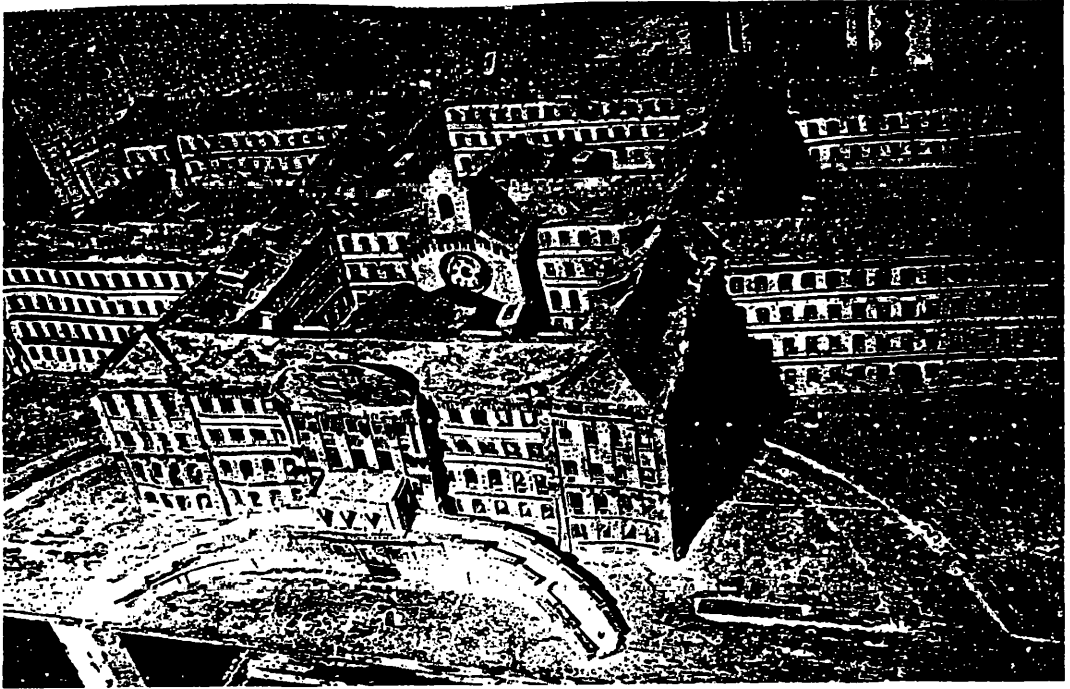


Figure 17. A maquette of Lipótmező done by a patient

Ilma was returned to Budapest from Graz and was hospitalised in the Lipótmező National Lunatic Asylum from June 1888 to August 1891. For a lack of source on Ilma at Lipótmező during this period, I decided to consult other documents to reconstruct the life-space of patients and their doctors in the institution. Focussing on the first 40 years of the asylum's life from 1868 to 1908, I am interested in the everyday experiences patients and doctors may have had there. How did the patients' conditions change? How did their immediate environment look like? How did they occupy themselves? What kind of ideas did the directors and the doctors profess concerning the patients' treatment and the use of coercive measures?

Asylum statistics of the patients' social and pathological conditions over four decades give us sufficient material to define the patients' social background and their prospects in life. Such a time-span even the disproportionate numbers at the opening of the

asylum, and allow for statements regarding certain tendencies and developments characteristic of the period. A useful source from 1909 covers exactly this period. The analysis of these tables helps us understand what kind of a community Ilma was a member of and what perspectives the asylum kept for her.

The history of Lipótmező mental asylum goes back almost hundred years before its building started in a beautiful part of the Buda hills. At the end of the eighteenth century, the enlightened reformer, Emperor Joseph II, already realised the pressing need for a national lunatic asylum in Hungary,¹ and several edicts testify to his attempts to improve the conditions of the poor and the ill. Under Leopold I., 300.000 Forints were voted for building the national asylum from the confiscated property of the monastic orders ("fundus confraternitatum") in 1791 (Pándy 1905: 364; *Ministry of Interior* 1900: 1).

But due to the lack of money, wars, and other social and economic reasons, the buildings did not start until decades later. In the meantime, the mad continued to haunt the villages, poorhouses, and prisons. Some Hungarian mental patients were treated in German, Austrian, and other foreign institutions. In 1812, however, a resolution expelled them from the hospitals and asylums in Vienna, Prague and Lemberg, claiming that Hungary could not return the beneficent treatment to these countries, since she did not have an asylum (Pándy 1905: 364). An important reason behind this decision must have been the overcrowdedness of the institutions, since the resolution also refused Hungarian paying patients.

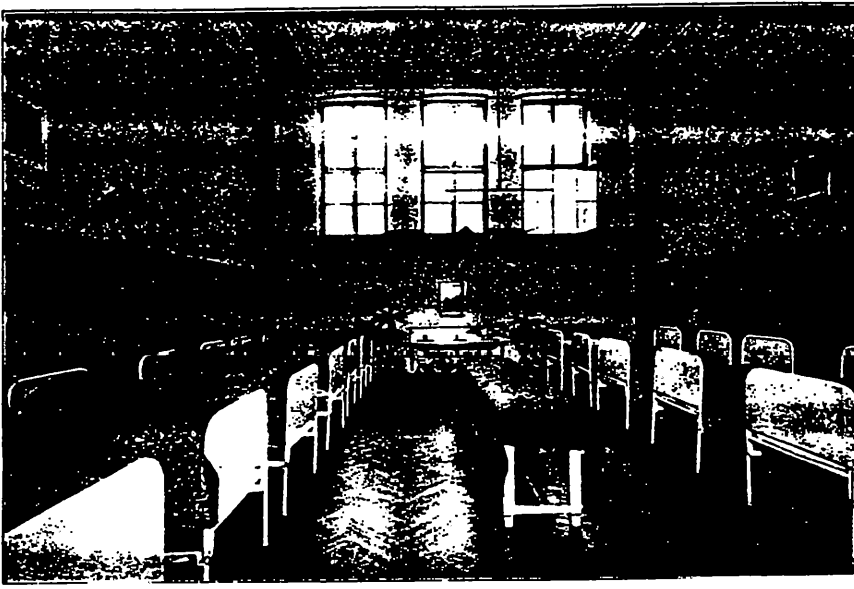
The issue of the national asylum was on the agenda from time to time. The "father" of Hungarian psychiatry, Ferencz Schwartzner, energetically supported it from the 1840s, and even travelled around Europe with government support to gain experience he could use at the opening of the asylum. (Later, however, another man was appointed as director.) In 1853 the Ministry of Interior took a decisive step by buying a large territory from the miller

the outer world. The front wing of the building containing the main entrance protrudes to receive the patients and their visitors. This side of the building accommodates the director and the doctors. On massive columns above the entrance is a huge terrace belonging to the council-room, which also served as the directing head physician's study and consulting room. The director as well as the physicians lived on the first and second floors at the front of the building.

The patients were placed in the building along three axes. A striking division immediately visible on the groundplan is according to their sex: the right-wing accommodated the male department and the left the female. The second axis runs from the front to the back, and shows an increasing degree of the patients' restlessness. The calmest patients were placed to the front side. Moving to the back, one came across more agitated patients, and at the back wing, with the windows facing the woods, were the rooms of the raging ("dühöngő"). This wing contained 32-32 small isolation cells without windows and artificial light. As if the asylum had wished to show its most normal face toward the visitors, while attempting to hide the unruly from the public eye. As if it had tried to keep quiet toward the main road, and have the woods up on the hill behind the building take up the shouting and the cries of the mad.

The other axis along which patients were placed was according to their financial situation. First- and second-class paying patients were placed on the first floor in rooms richly and conveniently furnished (with curtains, carpets, plants, pictures, a piano, a billiard table, etc.). Patients paying the third-class rate or kept at public expense were placed into barren rooms furnished only by wooden seats, tables, and simple wooden beds on the groundfloor and the second floor (Fekete 1968: 73). Rather than following a vertical separation of the poor from the more wealthy, the two floors of the poor curiously surrounded the first floor of the rich.

² In some sources: Göpp. The name of the asylum refers not to the emperor, but to Lipót Göb. The German name of Lipótmező is Leopoldfeld.



Figures 19-20. Pictures of a bedroom and a corridor for third-class patients

Right in the heart of the building stands the Roman Catholic chapel, surrounded by spaces designated to the satisfaction of other patients' religious needs: the Israelites to the right, the Greek Orthodox to the left, and the Lutherans and Calvinists on the first floor (Fekete 1968: 72). The central position of the chapel symbolically expresses the importance of the patients' spiritual needs and life, as well as their communal feeling where no social or sex aspects divide the population. The corridors of the building are wide,

light, and spacious. Originally there were two large common baths³ opening from the crosscorridor of the Chapel on the groundfloor, the male on the right, the female on the left. They served daily hygienic needs. The water was supplied from the wells of the asylum, pumped into water basins on the attic, and then circulated into the asylum's own water-system. In the 1890s water pipes were laid in, and thereafter patients drank the cleaned water of the Danube (Fekete 1968: 72-73).

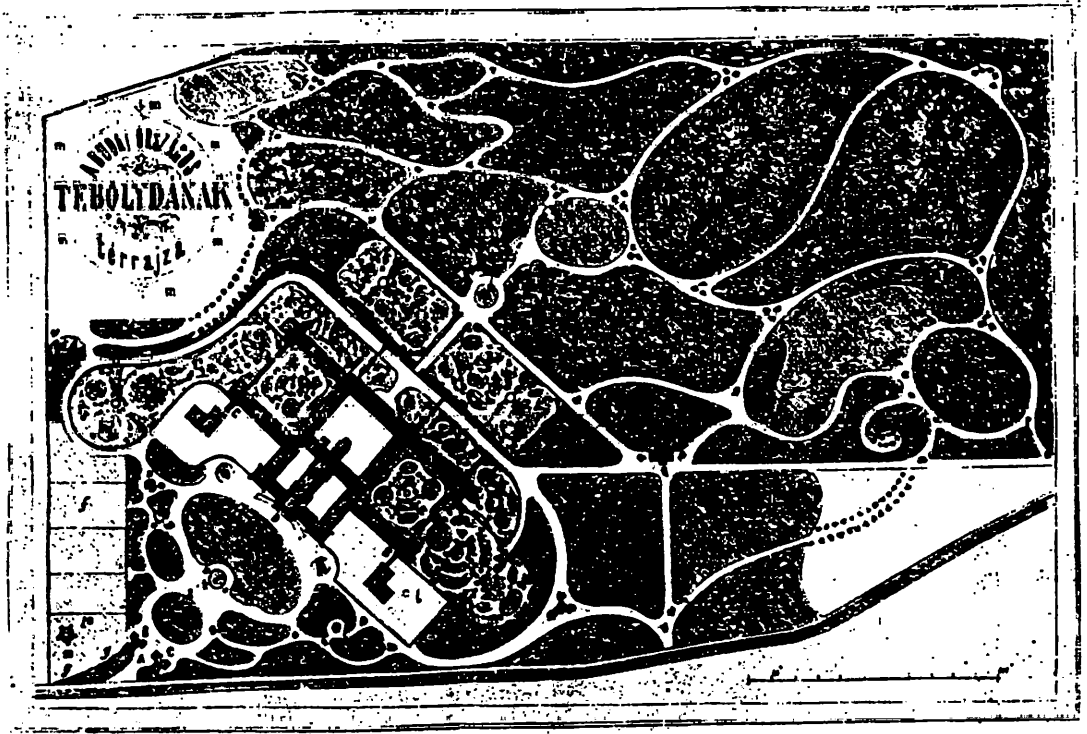


Figure 21. The map of Lipótmező with the parks

The building is surrounded by beautiful parks designed by famous gardeners. Some of the parks were separated for the agitated patients. Behind the building on the slope up on the hill was a forest whose territory was twice as big as that of the asylum and the surrounding parks. Towards the gate of the main entrance stood the house of the gardener and the lower reception desk.

Lipótmező had four directing head physicians during the observed period: Emil Schnirch (1868-1884), Gyula Niedermann (1884-1899), Károly Bolyó (1900-1905), and Jenő

³ These were turned into small separate baths only in the 1930s.

Konrád (1905-1910). As a rule, all four travelled widely in Europe visiting foreign asylums, and were ardent professionals sacrificing much of their energy and time for the patients. Except for Schnirch, all studied at the Medical Faculty in Budapest, and had the first encounters with mental patients at Schwartzer's private asylum. (See details of their careers in Chapter 1.)

Originally the asylum was designed for 500 patients, but at the opening it could accommodate only 300. Only subsequently was it enlarged with more beds. The average daily number of patients exceeded the 500 in 1874, was above 800 by 1895, and was above 1100 by 1901 (Hollós 1909: 76). For so many patients, the medical staff consisted only of one directing head physician, two head physicians and four physicians, that is, only seven physicians taking care of the increasing number of patients. The two head physicians under Schnirch were Niedermann in charge of the male ward and Bolyó in charge of the female ward. Among the physicians we find Laufenauer (1878-1881) and Konrád. The number of doctors increased only in 1918. The administrative staff consisted of five persons, and there were initially 42 nurses, though their number increased during the years.

The second director after the death of Schnirch in 1884 was Niedermann,⁴ who earned his reputation for modernising the asylum. To fight tuberculosis, the most dangerous contagious disease demanding the life of many inmates, Niedermann had the original soft-wood floor-boards (an ideal place for bacteria) changed for the more hygienic, easily cleanable and practical hard ones between 1893-1897. As a result, the tuberculous death-rate fell back from 27.6% in 1888 to 19.2% in 1892. He also transformed the system of providing food in 1894 by taking catering out of the hands of entrepreneurs, and had the kitchen staff of the asylum cook the meals. It forced the rate of tuberculous death further back to 8.9% after 1895 (Pándy 1905: 382; *Ministry of Interior* 1900: 11). These changes were advantageous especially for third-class patients who thereafter gained weight.⁵ From

⁴ According to Pándy, Schnirch retired in 1876 and Bolyó substituted him (Pándy 1905 377).

⁵ There were three, later four food-classes.

1897 the asylum had its own bakery, and bred pigs,⁶ poultry, and cows, which ensured the cheapest meat-supply and allowed its home processing. There was developed cultivation of vegetables and orcharding (Pándy 1905: 380, 383; *Ministry of Interior* 1900: 11, 13-14).

Niedermann also improved the nursing staff. From 1893 he employed 24 Sisters of Charity (*Ministry of Interior* 1900: 15), and tried to better the staff's employment and work conditions. Until that time, fluctuation had been high, which made it impossible to demand from the nurses a high-quality work, reliability, and restraint from beating the patients. In 1898 Niedermann introduced a new system in which every nurse who had served at the Institute for five years became eligible for pension (*Ministry of Interior* 1900: 16). In 1890 Niedermann founded the Charitable Society for Recovered Mental Patients for the financial support of patients leaving the asylum cured (Fekete 1968: 80). He also established a "charity fund" which collected the relatives' donations as well as the patients' private fortunes left behind. In addition, 3% handling charges were withdrawn from the patients' own money for the fund, which must have amounted to a considerable sum in such a big Institute. From the charity fund, the asylum supported needy patients after their departure, and Christmas presents were bought for the inmates (*Ministry of Interior* 1900: 15-16).

In 1898 Niedermann had the lunatic asylum renamed as Lipótmező National Institute for Nervous and Mental Diseases,⁷ which reflects the late representation in the institute's name of the considerable changes in the conception of its role.⁸ Niedermann retired in 1899, and from 1900 Bolyó followed him in the director's chair. But he markedly shaped the profile and life of the asylum from much earlier, since 1869, when he began his

⁶ Fekete claims that meat was the only raw food supplied by an entrepreneur until 1906, but the Interior Ministry's report in 1900 already states that English breed Yorkshire pigs were kept at the asylum. In 1899 the pig-population consisted of 500 pigs, the asylum killed 197, and sold 24 (Fekete 1968: 79; *Ministry of Interior* 1900: 14). Also, alone in 1899, Lipótmező gained 25000 eggs from its poultry population.

⁷ Today its formal name is National Institute for Nervous and Mental Diseases, but the people simply refer to it as Lipótmező.

⁸ An 1897 legislation renamed the Angyalföld State Lunatic Asylum: Angyalföld Institute for Mental Diseases (*Ministry of Interior* 1900: 4).

career at Lipótmező as head physician in charge of the female ward. It was Bolyó who advocated the therapeutic use of baths (previously used only for daily hygienic reasons). In 1896 he had the baths enlarged and turned them into prolonged calmativ baths for restless patients. (What exactly was meant by daily hygienic needs is dubious. From an 1887 report on the Angyalföld Mental Asylum quoted by Pándy we learn that patients took a bath for hygienic reasons only once every 10.6 days, although they were supplied with clean dress every day (Pándy 1905: 381). It was probably similar in Lipótmező.)

With Niedermann's support, Bolyó introduced "bed treatment" in 1896⁹: instead of closing up the restless patients in isolation cells, the doors were left open, and the patients were urged to lay and calm down in their beds (Pándy 1905: 382). Within 4 years the bed treatment was used in all four state asylums (*Ministry of Interior* 1900: 12). This treatment could force the use of medication back to some extent. And when it proved to be unsuccessful, the patients received "wet-wrapping" (the patient was wrapped into wet sheets) which, due to its highly restraining nature, met the fierce opposition of the patients, who most probably experienced it as coercive and took it as a punishment (Fekete 1968: 79).

The last director of Lipótmező in the discussed period was Konrád. He, Bolyó, and Laufenauer were advocates of colonies. Since many patients were from the countryside where they cultivated lands or bred animals, and since the colonial treatment provided the best occupation and cheapest sustenance of mental patients, these doctors found it a professionally and economically advantageous solution (Pándy 1905: 376). In 1905 Konrád introduced the system of family care for calm but chronic patients. He granted the majority of the patients free movement within and around the institute (Fekete 1968: 85-86).

⁹ According to Fekete (who, unfortunately, never gives his sources, Bolyó started the bed-treatment in 1890 (Fekete 1968: 79-80).

The use of coercion and restraint in the life of the asylum is a complex question. The history of European psychiatry testifies to a return to the era of the custodial function in mental institutes by the end of the nineteenth century after the great hopes of the asylum reformers decades earlier. Edward Shorter's chapter on the Asylum Era prove that due to the incredible flood of patients, most of the asylums could not live up to their therapeutic intentions, and mostly functioned as custodial institutes (Shorter 1997). In such circumstances, it is virtually impossible to give all the time, patience, and treatment to a psychiatric patient he or she would need to improve. It is especially difficult to decide how to deal with the noisy and restless patients living together with the calmer inmates in an era when the time of Prozac had not arrived yet.

Krafft-Ebing's case with Feldhof¹⁰ as reconstructed by Hauser is a good illustration. He was medical director at Feldhof, a large provincial asylum in the outskirts of Graz between 1873 and 1880. Hauser claims that his overall experience at Feldhof was frustrating due to the high mortality rate and low improvement rate. Although he was an advocate of the non-restraint principle since his time at Illenau in the 1860s (this principle was widely accepted and followed by German speaking psychiatrists in the 1860s and 1870s), he was the one who started to create additional isolation cells because the original 4 proved to be insufficient: by 1882. 2 wards containing 34 cells were added, increased to 74 cells by 1888 (Hauser 1991, chapter on Graz).

Niedermann, Bolyó, Konrád and Laufenauer were all Schwartzler students who followed their teacher's refrain from the use of coercive tools, and found the intellectual occupation of the patients especially important. It is true that Lipótmező was built with dark isolation cells and was equipped with restraint tools, with the so-called "raging table" or "raging bench." However, these tools made of iron clamps and strong leather bands to inhibit the movement of the patient were never used. At the opening of the asylum Bolyó

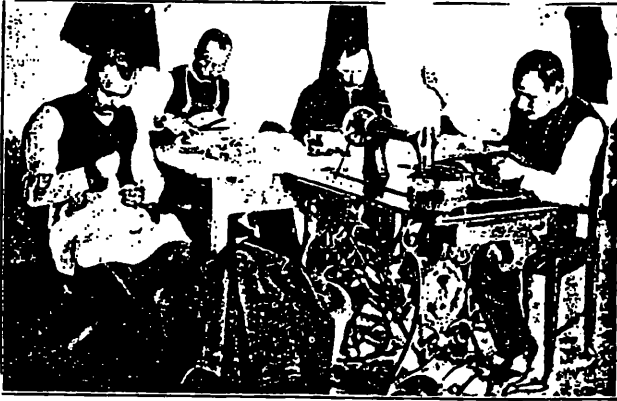
¹⁰ Feldhof (built in 1872) was planned for 300 patients, but in 1878 it already housed 412 patients, in 1880: 516 (Hauser 1991, chapter on Graz).

immediately discarded them (Fekete 1968: 74). Several critics attacked the builders of the institution for not consulting experts before designing the building and its equipments (Pándy 1905: 375). The use of straight jacket was in practice, but exclusively the doctors could order it, and only for short periods of time. In 1884 Niedermann terminated their use.

During his years as head physician, Bolyó criticised the costly and strict system of the isolation cells in several articles. Although Niedermann already avoided the frequent use of the dark cells, they were only closed and rebuilt to serve different functions by Konrád in 1906 (Pándy 1905: 369; Fekete 1968: 73, 77). A 1900 Interior Ministry report reveals that a new operation regulation was in the making which would recommend the introduction of the 'no restraint' principle in all state asylums (*Ministry of Interior* 1900: 11). The report claims that restraint tools were eliminated; and the relative freedom enjoyed by many patients at the state asylums did not prompt them to escape or exhibit aggressive behaviour. On the contrary. The number of escapes and aggressive acts was lower compared to strictly closed institutions. In 1899 there was no serious attack or suicide committed in the Lipótmező asylum, and only 3 men and one woman escaped (*Ministry of Interior* 1900: 11).

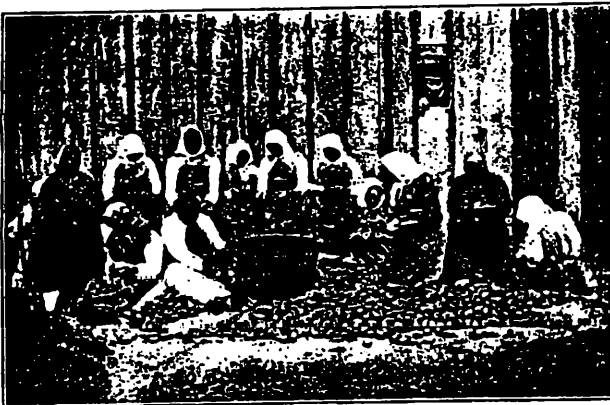
This picture drawn in contemporary reports and the directors' publications, however, should be further refined with the interpretation of short notes in the patients' case histories. What exactly does it mean, that "only when she (Ilma) was very agitated and refractory, was she drawn under strict discipline" (Krafft-Ebing 1893: 78-79)? And what did one of the female patient at Lipótmező think when, after months of unruly behaviour, she was threatened to be disciplined, and she immediately changed her behaviour and was allowed to leave Lipótmező in three months, claimed to be cured? Unfortunately, the term "discipline" is never defined in the case histories.

Another lesson most of these directors and head physicians had learnt at Schwartz's private asylum was the importance of the patients' occupation. Under the direction of craftsman-nurses, patients could work in well-equipped tailor-, carpenter-, shoemaker-, and bookbindery workshops.



Figures 22.-23. Mental patients working at the Gyula Hospital

Some of the patients produced valuable pieces of furniture, items for interior decoration, dresses and shoes. Calm patients did simple office jobs at the asylum offices. Women mostly did needlework, embroidery, hosiery, and made underwear. Gardening and housekeeping was open to anyone. The Institute had its own workshop to produce kitchen equipment (*Ministry of Interior* 1900: 14). Patient could also give expression to their artistic impulses. The council chamber's table with 6 wooden chairs were carved by the paranoid Imre Schreiber and the alcoholicist Imre Horváth who also suffered from dementia praecox in 1880 (Fekete 1968: 79).



Figures 24.-25. Mental patients working at the Gyula Hospital

Working patients received a salary for their work which was either paid in cash, or the patient

decided about its use: to improve his or her meals, for tobacco, or for amusements and celebrations (*Ministry of Interior* 1900: 16).



Figure 26. Winter sport for patients at Lipótmező

Amusements were not lacking in the asylum. Theatrical performances and concerts provided entertainment for the patients during the whole year. The great location of the asylum, its huge parks and woods made sports and communal amusement possible throughout the year: sledging in the Winter, and tennis, garden parties, excursions in the Summer (*Ministry of Interior* 1900: 12). Many Lipótmező patients even visited the Millennial Exhibition in town in 1896 (Pándy 1905: 383).

The Hungarian doctors who actively took part in the foundation of mental asylums in the second part of the nineteenth century were the best minds among their contemporaries. They read foreign languages (the first foreign language being German), and had an up-to-date and wide professional knowledge. Travelling all over Europe, they were exposed to the conditions of foreign mental institutes, as well as to different forms of therapy. Even if they had to face serious economic problems in Hungary, they were prepared for the practice of their vocation. Even if they were pressed by the circumstances, these psychiatrists

professed a humane view of the insane and their treatment, and considered them as sick and not criminals. Of course, I am doubtful regarding the success of therapy at Lipótmező (it is precisely Ilma's case which makes me doubtful, as I discuss at the end). But it seems to me that the leadership of Lipótmező had the best intentions, mostly kept the patients' interests in their mind, and that certain conditions of the asylum: its location in the hills, the emphasis on the activity of the patients, for instance, still contributed to the general welfare of the patients.



Figure 27. Summer in the parks of Lipótmező

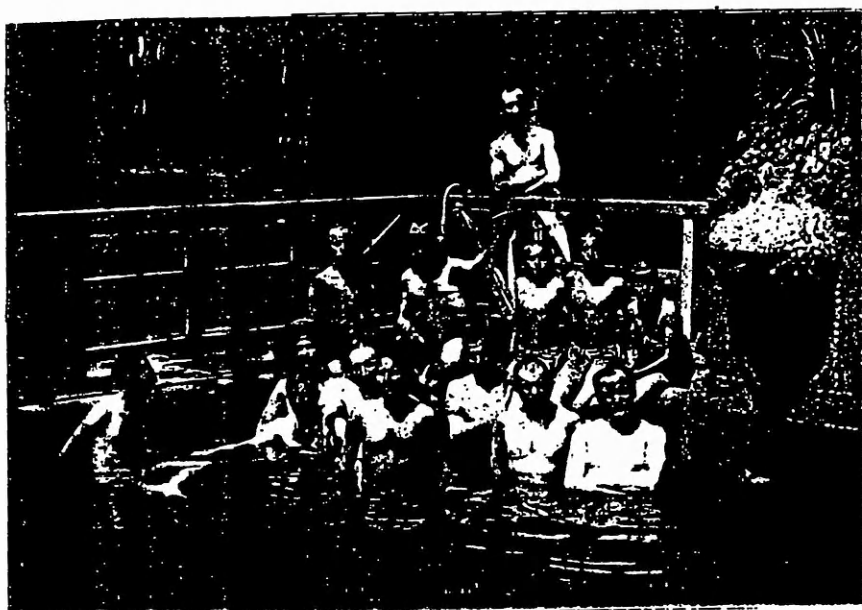


Figure 28. Summer amusements

Lipótmező was undoubtedly unique regarding its patient population. Patients came from all over the multiethnic Hungary, which resulted a heterogeneous community of people of different nationality, religion, culture, language, and social status. In 1909 István Hollós¹¹ published an article on Lipótmező's patient admissions and discharges during the 40-year period between 1868 to 1908. Some of his tables prove to be a valuable source¹² in the reconstruction of Lipótmező's population.

During the first 40 years, there were altogether 20,526¹³ patients admitted to the asylum, 12,247 (60%) male, and 8,279 (40%) female.¹⁴ The asylum was originally designed for 500 patients, but furnished for 300, and only subsequently enlarged for 500 and 800. The rising tide of patients unavoidably resulted in overcrowdedness, a phenomenon that is similarly observed for other European countries of the period (see chapter 2 in Shorter 1997).

Table 2. Annual admittance and average daily number of patients at Lipótmező mental asylum for years between 1868-1904.

annual admittance:	average daily number of patients:
1868: 93	--
1869: 411	264
1870: 298	439
...	...
1878: 320	569
1879: 351	598
1880: 290	578
...	...

¹¹ István Hollós, physician of Lipótmező for almost three decades until the 1920s when he was retired because of his Jewish origin. Hollós was interested in psychoanalysis, and translated Freud from German. After his retirement he published his memories of the years at Lipótmező written in literary style, entitled *My Farewell from the Yellow House*.

¹² The reliability of some of his numbers and his own calculations are sometimes questionable. But since there are no other tables from the early years of the asylum, we have to use his numbers to start out with. Since many of Hollós's calculations and conclusions drawn from the charts are simply wrong, I checked his percentage calculations and corrected when necessary. From 1899 there was a much more accurate documentation of state institute statistics.

¹³ The following statistics are from Hollós' article, unless indicated otherwise.

¹⁴ The proportion of male to female patients Hollós gives (100:64) is wrong, the correct number is 100:67,6.

1888: 532	the years	752
1889: 477	Ilma	732
1890: 556	spent at	756
1891: 568	the asylum	734
...		...
1898: 763		923
1899: 718		1010
1900: 701		1030
...		...
1904: 950		1128

Table 1. shows a remarkable progress in the number of newly admitted patients (from 300-400 to 950 a year by 1904), in spite of the fact that there were further asylums opened in the countryside during these decades. The dynamic increase of patients inevitably led to overcrowdedness, some of the sick sleeping on the ground due to the insufficient number of beds. Figures for 1888-1891, Ilma's years in the asylum, show that there were 2133 newly admitted patients during this time, which provided a constant flow of people in and out of the institute. The possibility of getting new acquaintances every day was very likely, but the discharge numbers show that the loss of friends was also an everyday experience.

Hollós points at an interesting gender factor comparing the admissions from the capital to those from the countryside. More men were admitted from the countryside than from the capital, while the admission of women was higher in the capital than in the countryside. This is especially interesting if we consider that before 1900, only one third of all admitted patients were from Budapest, and two-third from the countryside (the ratio changed after 1900 to 50-50%). Hollós explains this difference in the gender ratio of the admissions with the condition that long travel from the countryside to the capital was more problematic for a woman than for a man. He thinks this is also due to the fact that male patients were "more cared for" since they were the family providers, since they more easily got in conflict in society, and since their family nursing was less successful. Hollós' argument is, however, only applicable to the admission from the countryside, and does not explain the difference in the ratio between the capital and the countryside. I believe that

the higher number of female admissions in the capital was partly due to changes in the traditional roles and possibilities of women following urbanisation and related socio-economic changes that took place much more rapidly in towns than in the countryside.

Hollós provides us with valuable statistics regarding the patients' age, religion, married status, and occupation.¹⁵ Thanks to the meticulous collection of information in the patient histories since the first years of the asylum, we can have a clear picture of the population's social composition.

Table 3. Age of the patients at admission

age at admission				age of patients suffering from paralysis		
	male	female	total	male	female	total
1-10	58	34	92	-	-	-
11-15	181	123	304	-	-	-
16-20	811	927	1738	2	2	4
21-25	1507	1231	2738	24	15	39
26-30	1673	1354	3027	182	77	259
31-35	1742	1192	2934	582	127	709
36-40	2105	1136	3241	1065	182	1247
41-45	1634	758	2392	944	144	1088
46-50	1066	599	1665	593	123	716
51-55	713	383	1096	398	81	479
56-60	407	268	675	199	38	237
61-70	280	209	489	95	28	123
over 71	70	65	135	15	4	19
<hr/>						
	12247	8279	20526	4099	821	4920

Hollós points out that most patients were around 40 when admitted, while in many foreign asylums it is 30 years of age. He explains it with the serious disease called paralysis

progressiva.¹⁶ It was the second most frequent diagnosed disease category in the asylum (paranoia being the first) affecting almost one fourth of all patients (24%), and finding most of its victims around their 40s. Especially men between 35-45 were affected by this disease; their number is considerably higher than that of female paralytic patients.

As a contrast, the most women entered the asylum between the ages of 26-30. If the numbers of admittance at least partly follow the actual rate of persons falling ill in society, then women were most prone to mental and nervous disorders between 16-40 (70% of the female patients fall into this age category: 5840 women out of the 8279; the worst age category being 26-30 into which 16% of all female patients fall), and men between 21-45 (71% of the male patients fall into this category: 8661 out of the 12247; worst age category: 36-40 into which 17% of the men fall).

We see an increase in the number of admittance of both sexes from the 16th year. While the general ratio of women to men was 67.6 to 100 at the asylum, we find that taking the patient population admitted in the first years of puberty (that is, between 16-20), the proportion of men to women changed: for every 100 female patients there were only 87.5 male. It is also clear from the chart that the majority (70%) of the patient population was made up by young and middle-aged women and men between 21-45.

Table 4. *The marital status of patients*

	male	% of total male	female	% of total female	total	%
unmarried, maiden	5697	46.5	3361	40.5	9028	44
married	5982	48.8	3842	46.4	9824	47.8
widow	503	4.1	999	12	1502	7.3
divorced	65	0.5	107	1.3	172	0.84
	12247		8279 ¹⁷		20526	

¹⁵ See the tables not discussed in the text in the Appendix.

¹⁶ Hollós considered this disease much more frequent in Hungary than in other countries.

¹⁷ Hollós's adding up is wrong, the correct number would be 8309.

Hollós points at the higher number of married patients compared to the unmarried, which is even more striking if we deduce the number of those whose congenital illness originally excluded the possibility of marriage. He claims that this result is contrary to foreign countries' experience, and explains it with Hungary's strong agricultural profile which resulted in the highest proportion of marriage among European countries,¹⁸ and a low average age at marriage. But if we only consider the marriageable population of Hungary (deducing those under 14), and compare the number of married patients to the married population, and the unmarried patients to the unmarried population, we find a higher rate of illness among the unmarried.

While unmarried and married women make up a lower percentage of their sex group compared to their male counterparts, widowed or divorced women have a higher representation than men in similar situation. A reason for this can be the fact that widowed or divorced women were less able to provide for themselves, and were more often subjected to the will of their relatives than their male counterparts.

Regarding the patients' occupation, Hollós gives the following percentages: of all admitted patients, 31% were maid or day-labourer, 24% craftsman, 21% had intellectual occupation, 10% were peasant, and 9% merchant.

Table 5. Diagnosed diseases

	male	female	total
Melanch.	477	605	1082
Mania	1405	1134	1539
Amentia	440	618	1058
Dem. aquir.	498	814	1312
Paranoia	2782	3015	5807
Paralysis	4099	827	4926
Epilepsia	680	560	1240
Psych. alcoholic	838	50	888
Secondary	262	386	648
Idiot. imb.	651	252	903
Not mentally ill	105	24	129

¹⁸ The numbers he gives are: for 1000 persons there are 9 marriages in Hungary, 7.9 in Germany, 7 in Austria, 6 in Sweden and Norway. Of course, Hollós's figures can be incorrect.

Of all admitted patients, the largest group suffered from paranoia (5807), and the second largest from paralysis (4926). But the gender proportions were not the same. Paranoia more seriously afflicted women, about two in five female patients suffered from it (3015 out of 8279) compared to less than every forth male patient (2782 out of 12247). Paralysis, on the other hand, was a male disease. Only about every 10th female patient suffered from paralysis, while one-third of the male patient population was hit by it (in every 5 paralytic patients, there were about four men and only one woman).¹⁹



Figure 29. Tuberculotic patients in Lipótmező

Table 6. Discharges

	male	female	total
cured	2330	1802	4132
improved	1907	1742	3649
not improved	2689	1906	4595
died	4628	2332	6960
not mentally ill	107	31	138
	11661	7813	19474

¹⁹ Hollós claims that paralysis mostly hit patients of intellectual occupations. During this period, out of 100 admitted judges, 78 suffered from paralysis, while out of 100 day-labourers only 22, and out of 100 peasants only 15. More than half of all admitted officials (1435) suffered from paralysis.

The chart shows that during the 40 years, 21.2% of all patient left the asylum cured (20% of the men and 23% of the women). If we add the number of patients who left the institute improved, the figures show 40% (36.3% of the men and 45.4% of the women). If we compare the numbers of the sexes, we find that the chances for women to leave the asylum in a better condition was higher than those of men. According to other statistics, in 1899, only 16.33% of all patients left improved or recovered, and 14.52% left unimproved (*Ministry of Interior* 1900: 9-10).

What is sad is the high death-rate. Referring to the 1896 year report of Lipótmező, Pándy states that the ratio of death fell from 19.34% in 1888 to 12.29% in 1896. The highest was in 1890: 22.8%. There are reliable statistics available for the years 1899-1908 published annually by the Ministry of Interior. For the last period chosen by Hollós, the death-rates within the discharges were: 29.6% in 1899; 35% in 1900; 35.5% in 1901; 32% in 1902; 27% in 1903; 33% in 1904; 24% in 1905; 29% in 1906; and 29% in 1907 (see *Ministry of Interior* 1900-1908). With the much worse conditions of the asylum during the first decades, the death-rate must have been even higher.

The category "not improved" includes both "irrecoverable" patients and patients who were transferred to another institution for further treatment. In order to ease the crowdedness of Lipótmező, other asylums and mental wards of hospitals in the countryside took over "irrecoverable" patients: in 1899, for instance, 9 men and 25 women were transferred to Eger, 58 men to Gyöngyös, 6 men to Nyitra, 48 men and 77 women to Gyula (*Ministry of Interior* 1900: 9).

Concluding, it is worth summarising how all the things said could apply to Ilma. Ilma was probably a third-class patient on public expense,²⁰ which meant living in a poorly furnished room crowded with many patients. She certainly did not enjoy the therapeutic effect of prolonged calmative baths, the system of which was only introduced years after her departure. But she could use the large common female bath for hygienic reasons, which could have been a preferred ritual of women providing space for socialising. From the directors letter to Krafft-Ebing we know that Ilma was "disciplined," which could mean being wrapped into wet sheets, the use of straight jacket, or in extreme cases, isolation in the dark cells. The calmative "bed treatment" was not yet introduced at the asylum in her time. Ilma probably regularly frequented the mass at the chapel in the heart of the building. But what religion meant for her with 16 years in a convent, then 8 years of deviant lifestyle, and 2 years of hospitalisation behind her, is hard to tell.

The independent and active woman could certainly occupy herself with some work at the asylum. I doubt that the traditional female occupations (as needlework, housekeeping, embroidery) would have satisfied her, but trusting her creative way of thinking and initiative impulses, I would be surprised if she did not find more "suitable" work for herself. It is, however, difficult to know how liberal in this question the doctors were.

She probably enjoyed the possible forms of entertainment at the asylum. I can easily imagine her being involved in the theatrical performances and concerts. In her 1885 autobiography Ilma claims that, after she was found incompetent in the theft cases in 1883, she lived with her sister and brother-in-law for a while and learnt to play the flute. She did

²⁰ It is not impossible that the brother (who seems to have visited the Graz clinic and supplied information to Krafft-Ebing) or brother-in-law were able and willing to pay for her hospitalisation and thus she could enjoy the convenience and better conditions of the second-class patients. But since it was the Interior Ministry that arranged her transfer back to Hungary, I deduce that she was probably left to herself.

it so well that she even substituted her brother-in-law at small concerts (Ilma in Laufenauer 1885). The sports, the garden parties, and other communal gatherings in the parks must have been her favourite way of spending time.

Due to the constant flow of patients to the asylum, Ilma had a lot of opportunities to get acquainted with men and women of her age (which made up the majority of the patient population), but since death mercilessly took its victims, the loss of friends or close mates must have been a common experience. Had she been at the asylum just a few years later, Ilma's chances to survive would have been considerably higher. Niedermann's measures, which modernised certain aspects of asylum life, came right after Ilma left. Changing the floor-boards as well as the system of catering, which strongly contributed to forcing the tuberculous death-rate back,²¹ happened in the mid-1890s. She also had a good chance of contracting some other contagious bacterial diseases. We know from Bolyó's letters to Krafft-Ebing that during the 4 months between July 21, 1888, when her bowels were still "in perfect order", and November 20 Ilma seems to have contracted "an obstinate chronic gastric catarrh" which she could not recover from at the asylum. Niedermann's conscious reform of the nursing staff and their employment conditions also came after Ilma's time when the working-morale could have been the lowest in the history of the asylum.

After Ilma left Graz, Krafft-Ebing soon inquired about her condition at Lipótfő. On 21 or 29 July, 1888, he received notes from Bolyó, the head physician treating Ilma. This was published in the 1889 and subsequent editions of *An Experimental Study*:

The conduct of our patient is up to this time blameless. With the exception of the hemianaesthesia she presents absolutely nothing pathological. She has had no attack since she has been here, and her consciousness has not been interrupted. Appetite good and bowels in perfect order. Her sleep has been always good. Psychically she presents nothing abnormal whatever. Menstruation has occurred twice up to this time perfectly regular.

Since she has been here no experiments whatever have been made with hypnosis. We ignore entirely the statements which the patient makes about the

²¹ Tuberculosis made up 20-27% of the total number of deaths before the measures.

hypnotic experiments of which she was the subject in Graz. We shall wait until the patient presents such pathological conditions as to make it seem necessary and desirable to employ hypnosis therapeutically (Bolyó in Krafft-Ebing 1889: 113).

There are two striking things worth reflecting upon in this letter. One is the good condition Ilma seems to be in. Physically as well as psychically she seems to be in a perfect shape, except for her heminanesthesia. Compared to the numerous physical and psychical problems (sleeplessness, bowel function, irregular menstruation, frequent auto-hypnosis, dizziness, suicidal urges, etc.) that characterised her Graz period, Ilma appears as a healthy person. The other is the doctor's detectable reservations concerning hypnosis as revealed in the strict tone and clear phrasing of the second paragraph. Neither the discussion of Ilma's experience with hypnosis, nor its possible therapeutic use in the future are seriously considered.

The second letter from Lipótmező four months later, dated November 20, 1888, is summarised by Krafft-Ebing himself:

The patient's physician very kindly reports (...) that her mental state still continues favorable, and that with the exception of an occasional manifestation of perverse sexual feeling, she gives cause for no complaint. She is said to be industrious, obedient, and free from hysterical convulsions; to sleep well and menstruate regularly; and to feel mentally and physically well with the exception of an obstinate chronic gastric catarrh. Up to this time no occasion for employment of hypnotic influence had arisen (Krafft-Ebing 1889: 114).

The only change in the condition seems to be "an occasional manifestation" of homosexuality, and a chronic gastric catarrh she most certainly contracted at the asylum since July when her bowels had been still "in perfect order."

Krafft-Ebing hesitates whether to explain the favourable change of her condition with "an intermission of the neurosis," or a "cessation of the hypnotic experiments," or, as he would prefer to see it, "the auto-suggestive obedience of the commands given in hypnosis on June 7." He nevertheless remarks that everything happened according to the post-hypnotic suggestions he gave Ilma, except for Ilma's manifestation of homosexuality, which, Krafft-Ebing claims, "was overlooked in the suggestions" (KE 114). Krafft-Ebing

arrives to his conclusion, that in case this third interpretation was right, the therapeutic value of suggestions was further confirmed. In this case the "repetition of the suggestive commands given the patient on June 7th, in accordance with her own direction, would offer hope of a possible recovery, and seem to be the duty of a physician" (KE 114).

The 1893 German version contained further information on Ilma. I give its short summary. Krafft-Ebing received information on Ilma from the Director of Lipótmező (Niedermann) on November 3, 1892. According to this, Ilma became burdensome due to perverse sexual drive during the winter of 1888-1889, but she still had no hystero-epileptic attacks. She became much calmer from April 1889, worked diligently, and could control herself. But on September 10, 1889, following a great emotional turmoil, a fierce hystero-epileptic attack occurred, resulting a change in her mood. Other attacks followed on October 23, November 23, and December 12, 1889. The patient was given only bromkali, and morphia for her sleeping problems. She turned permanently calm, good-behaved, and industrious. She had a last attack on March 27, 1890. Subsequently she was calm, serious, obedient, stopped intriguing, and had a correct and reasonable view of her situation, and had no attacks any more. Even "strict surveillance" could not detect any manifestation of sexually perverse drives. She was discharged as cured on August 28, 1891.

What is striking is that from July 1888 to September 1889 she had no hysterical attacks, and the reason why she was retained in the asylum was clearly her homosexuality. She was obviously not seen as recovered yet. According to the 1869 Basic Regulations of the asylum, a recovered patient had to be immediately discharged. Most of the patients discharged as cured left the asylum after a 1 or 2 years of treatment (Hollós 1909), but the case histories prove that many patients were discharged after a few months if their condition was satisfactory.

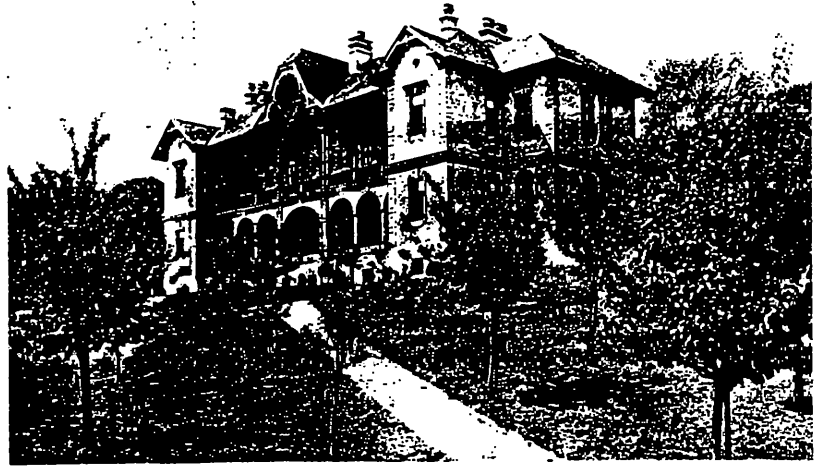
My interpretation is that Ilma probably lost her hope of getting out of the asylum by September 1889, and might have had other disturbing experiences as well which

aggravated her condition and led to hysterical seizures. During this time the patient was never hypnotised, even its experiment was forbidden. "Only when she was very agitated and refractory, was she drawn under strict discipline." What exactly this means, is not clear. Krafft-Ebbing notes that the treatment morale was satisfactory at the asylum, and closes with an expression of his belief that Ilma was saved from hysterical attacks until September 1889 due to his posthypnotic suggestions given on June 7, 1888 (Krafft-Ebing 1893: 78-79).

The biggest problem in the evaluation of Ilma's detention for three years is the lack of clear definition of the discharge categories. There is no way to satisfactorily determine what the terms "recovered," "improved," or "not recovered" meant. Ilma was retained for three years, though there were long periods of several months when there was no sign of hysterical attacks, when her behaviour and psychic condition are claimed to have been satisfactory, and when, in spite of the chronic gastric catarrh she contracted in the asylum (and which could have been treated in any other hospital), there was no somatic sign of a disease, except for the returning expression of her homosexual feelings. While many case histories at Lipótmező testify that female patients were allowed to leave after a few weeks of satisfactory behaviour and condition, it was not in the case of Ilma.²² And could Bolyó be certain that Ilma was really "cured" of her homosexuality when the doctors had not detected it for a while? Did it occur to her doctors that Ilma's hysterical attacks, which had not occurred before September 10, 1889, and after March 27, 1890, could have been caused (as so many times in her life) by emotional problems arising from frustration or unhappiness?

If she was not cared for by her living relatives at the time of her leave, Ilma had the chance to enjoy the financial support of the Charitable Society for Recovered Mental Patients

founded in 1890, or the "charity fund" set up for needy patients. Once she left, Ilma had a great chance of being taken back to the asylum.²² Using Hollós's numbers, about 23%, that is, almost every fourth patient who left the asylum (presumably improved or cured) returned.



Figures 30-31. Lipótmező Mental Asylum

²² Hollós claims that for most of the cured patients (21%) it took 1-2 years to recover, while the chances of recuperating after two years were considerably lower, but still not impossible. For 7% of the recovered patients it took 2-3 years, for 5% 3-4 years, for 3% it took 4-5, and for 3% more than 5 years to recover.

²³ Out of the 20,526 patients during the 40 years, 1807 were readmitted several times. This can be considered very high compared to those who left the asylum recovered or improved. (The incurable patients, many of whom were transferred to other asylums and small psychiatric wards at hospitals in the countryside, as well as the dead, were obviously not likely to return to the institute.)

Chapter 7. Simulation and Woman

Ilma is a paradigmatic figure of womanhood in nineteenth-century imagination. During her treatment by Laufenauer, Jendrassik, and Krafft-Ebing, Ilma was hospitalised in central hospitals of Budapest (Saint Roch Hospital and the Medical Clinic) and Graz. Laufenauer consciously expanded his observation ward at Saint Roch Hospital in order to ensure the supply of patient material to his university teaching. He was supported by the institution and got a laboratory to conduct experiments. Soon, however, the ward became overcrowded. Since the hospital had to accept all patients brought in by the police for observation, patients often slept in the corridors at night (Moravcsik 1906a: 90). According to the recollections of Laufenauer's young colleague Moravcsik, however, Laufenauer's ward was still the "model for order and cleanliness." Laufenauer often spent the night to take care of his patients, "he was deeply concerned about the future of his patients, and did everything to improve their conditions. Like a father, he took care of his patients facing problems after leaving his ward" (Moravcsik 1906a: 90–92).

Even if we do not doubt the best intents of the psychiatrist, the picture of his ward as the "model for order and cleanliness" seems to be an extreme exaggeration of the conditions compared to what we may read from the daily press. Daily papers stand witness to the fact that many of the odd, mad, sick, criminal and deviant people walking the streets of Budapest ended up in Laufenauer's ward or other departments of the hospital. We may – and, indeed, we have to – reinterpret Ilma's story in the light of what we infer from the press. The use of tricks, pseudonyms, forgery, gender crossing, and the pretension that one is not the person s/he actually is, were neither unheard of in late-nineteenth century Budapest, nor isolated from the environment of the hospital.

The servant Márta Mészáros, for instance, being cured of her disease (presumably hysteria) by the doctors, was about to be escorted over to the police to face some kind of a

legal procedure. While the policeman was waiting for her in front of the clinic, Márta escaped by changing her gown for ordinary dress, and sneaking out through the door while her friend talked to the janitor to occupy his attention (*Pesti Hírlap* 3 April, 1885). In December 1886, Róza Békési (the female thief well-known to the police) and her boyfriend returned to Budapest in spite of having been expelled from the capital. They used pseudonyms, and continued earning their living from stealing. One night she was stabbed in the street, and was brought to Saint Roch Hospital. The police who looked for Róza learnt from an informant that she was in the hospital, and put her under surveillance. The boyfriend almost succeeded in helping Róza escape from the hospital (and from the legal procedure) under the disguise of street clothes (*Pesti Hírlap* 16 December). From Krafft-Ebing we also learn that at the time of her escape from Jendrassik's clinic, Ilma allegedly "obtained 12 F. from fellow patients, appropriated dresses, and fled from the clinic Oct. 4, 1887" (Krafft-Ebing 1889: 20).

Some tried to escape from the hospital, while others wanted to get in. Róza Weisz and Teréz Kehl, two women "bored of honest work," went to wander around in the country, and pretending different illnesses, they sought "treatment, or rather board." Within three days, we read about the man from Arad, Béla Grünwald who similarly lived the life of the wanderer "pseudo-patient" (*Pesti Hírlap* 15 and 17 December). Under the title "Overcrowded hospitals" we find many articles describing the general tendency of deprived destitute and homeless people seeking hospitalisation for want of food, winter dress, a warm home, or actual health, especially during the cold winter months (*Pesti Hírlap* January 10, 19, February 12 1887).

Apart from the numerous mad people and suicides,¹ like the 50-year-old alcoholic János Mészáros, "The Devil of the Saint Roch Hospital," who "has tried all modes of suicide" and who is considered an "eternal guest" of the hospital (*Pesti Hírlap* December

¹ And on February 8, 1887 the 40 years old Mária P. (from a wealthy family), treated at the observation ward

22, 1886), we can read about thieves, cross-dressers, forgers, and other criminals, many of them brought in to the hospital for observation. When Laufenauer was treating Ilma early in the summer of 1885, the police did not tell him at first what kind of crimes she had committed. From the way he writes about her, we can infer that he did not have knowledge of the fact, that as early as February 1883, Ilma was already a much-sought after thief both in Arad and in Budapest. Brief sensational articles titled “The Cunning Thief” discuss Ilma’s arrest and habit of stealing (see quoted in Chapter 1). Just ten days earlier, the *Pesti Hírlap* warns the readers to beware of Júlia Szabó, the woman thief who – in male garment – took jewellery and dress worth 2,000 Forints from a lawyer in Budapest. I would not be surprised if Júlia Szabó and Ilma were the same. The same article informs the readers about a male thief, as well, committing his crimes in female dress (*Pesti Hírlap* February 2, 1883). Another young man robs the homes of people by using other tricks. He arrives to the flat when the owners are somewhere in the town, and orders the housemaid to go and get the owner because of some extremely urgent business. While the maid is gone, alone in the flat, he takes whatever he deems valuable. Most of these criminals, if caught, were brought to the hospital, especially if the person was a woman (and thus liable to hysteria) and if she acted in a strange way.

Patients were exposed to a wide array of deviant forms of behaviour, and did learn from each other in the hospital. A woman like Ilma, who spent months in the hospital, was exposed to all the tricks, deviant behaviour, know-how of burglary and imposture that was collected in the ward. But not only ways of fraud constituted valuable information at the hospital. Symptoms and the ways of their imitation could also form important knowledge. Patients undoubtedly had the chance to learn from each other, to exchange information, and to help each other in many ways, even of escaping. (We learn from Krafft-Ebing, that Ilma was allegedly helped in her escape from Jendrassik by a sister who urged her to flee.)

of the Saint Roch Hospital, hanged herself. This happened just three weeks after someone jumped out from

There must have been an intricate net of connections, favours, relationships, and interests, an ongoing process of personal negotiations and individual interpretations between the female patients as well as between female and male patients, “old” patients and newcomers, and patients and doctors or nurses. Even though the official reports are mostly silent about this, we can deduce it from the short articles in the daily press as well as from references in lengthy notebooks, like that of Krafft-Ebing.

Hospitalisation had its advantages, and not only for the needy. Found insane in December 1886, Ilma almost ended up at Lipótmező mental asylum. ‘Saved’ in the confines of the hospital for long periods of time, Ilma probably wanted to live up to the expectations of her doctors. She surely needed and enjoyed the attention of both Jendrassik and Krafft-Ebing, which explains her eagerness to contribute to the success of the hypnotic experiments. But the pains these doctors, and especially Jendrassik, often inflicted could become unbearable, and encouraged the woman to escape.

Jendrassik believed that hypnosis was a joint venture, mutually produced by the hypnotist and the hypnotised person. It clearly follows from his theory, that it is the hypnotist’s words or will that constitute the primary stimulus in the brain of the hypnotised who is lacking the ability of judgement, comparison, and association.

Without recognising it, we ourselves lead the hypnotised person, and I believe, that the three persons at the Salpetriere were created under such guidance. (The doctors) were searching for the order, the underlying connection among the different figures, and with this search, they actually created it (Jendrassik 1885: 91).

But these influences are much less important than the unconscious and unintended behaviour of the experimenter; what is not expressed in his words, is often betrayed by the emphasis, the articulation, the demonstration, the approval, the repetition of the experiment in case of failure, the excited observation, the expression of mild reprehension when something does not happen as we would like it, these all guide the hypnotised person to solve the often difficult and complicated tasks.

At the same time, the passive function of the brain – remembering – is increased rather than impeded, the memory of such experiments will remain deeply imprinted in the person.

Thus, “by the time the experimenter exhausts all his unconscious suggestions, the trained medium is ready” (Jendrassik 1888a: 783–784).

According to Jendrassik, this explained at least two phenomena. First, it accounted for the existence of the different schools of hypnotism, which were primarily due to the distinct individuality of the experimenter. “We can be sure that in case the typical medium of a school had been treated by another doctor, her hypnosis would have taken a different form.” In hypnosis the hypnotist occupies a role equally – if not more – important than that of the patient, he shapes the experiment, and trains the patient. Second, it reduced the possibility of the hypnotised being a mere simulator. Even though Jendrassik admits the equal contribution of hypnotist and hypnotised in hypnosis, he nevertheless blames Ilma alone for the increasing failures of their ‘joint ventures.’ Jendrassik complains that grave changes occurred in Ilma during her stay in the hospital, she gained about 30 pounds, and became restless and mean. From Krafft-Ebing's book we also learn that, in the month preceding her escape from Jendrassik (September 1887), Ilma's hysterical attacks became so frequent as thirteen a day (Krafft-Ebing 1889: 21). These changes utterly influenced the experiments:

The usual experiments were still successful, but no longer in that *convincing* and *honest* form as earlier, rather, they were the mechanical repetition of those; but she was much less capable of performing new experiments, she either did not react to the suggestions, or reacted in a *false* way. In addition, after waking, she more frequently remembered the experiments than earlier, and related it to others, adding to it many details she *made up* (Jendrassik 1888a: 785, ital. mine).

Jendrassik's choice of words – such as *convincing*, *honest*, *false*, and *made up* – suggest that he had doubts concerning the sincerity of Ilma's behaviour under hypnosis. If Ilma's mood, physical conditions and attitude towards the hypnotic experiments with Jendrassik changed, it must have been partly due to her growing dissatisfaction with her conditions that finally lead her to escape. (I find it important to point out a symbolic interpretation of her decisions about her life. When at the age of 19 she escaped from the convent, ran

home to her family and fell ill, she spent about 9 months in bed before she recovered and escaped from her family, too. She also spent about 9 months in Jendrassik's ward before she escaped from the hypnotic experiments and left for Graz. As if, from time to time, she had needed about nine months to give birth to herself. If we follow this interpretation, we see that her placement from the clinic in Graz to the mental asylum in Budapest, which led to a 3-years confinement, was a kind of abortion induced by the psychiatrist in her 7th month.)

Krafft-Ebing writes that Jendrassik believed Ilma showed "an inclination to simulation" towards the end of his experiments (Krafft-Ebing 1889: 26). In his own experiments, Krafft-Ebing still defended the genuine nature of Ilma's reactions and actions under hypnosis all along the book. Although he admitted that "the value of the experiments made and the honesty of the patient were called in question" by many doctors after the demonstrations at the medical society, he nevertheless stated that "I cannot accept the very widely entertained notion, that all hysterical persons are inclined to deception and simulation." He clearly stated, that "If the phenomena the patient presented were not genuine, then she was the most accomplished dissembler that ever lived; and, too, she must have made for her purpose special studies in the school of Charcot and in that of Nancy" (Krafft-Ebing 1889: vi-vii).²

The disposition to simulate, deceive, act, and trick was traditionally regarded as female. While this disposition is manifest in all of the mythic figures of womanhood, the aesthetic concepts of essence and form, transparency and opacity, truth and falsehood pervaded not only the popular notions of femininity, but the medical understanding of hysteria as well.

² Krafft-Ebing notes at her arrival that Ilma pretends to be completely amaurotic in the right eye, but examination with a stereoscope prove that the "patient reads quite small type with the pretendedly amaurotic right eye" (Krafft-Ebing 1889: 22). To prove the authenticity of the experiments, he notes that "even the strongest electric pencil currents, which no malingerer could endure, are borne without the slightest sign"; writes about the operation of the involuntary reflexes; and has other doctors to confirm that "this suggested circle can have been produced by neither with needles nor by any other mechanical or chemical means"

Many doctors 'medicalised' simulation by integrating it into the notion of hysteria, by making simulation the essence of this disease. Thus the hysteric woman joins the other deceptive female figures who haunted the cultural imagination of the period.

Historically, simulation had been a crucial question regarding hysteria (and hypnosis) always at the centre of both theory and practice. In medical thinking and writing, there are two types of functional relationship between simulation and hysteria. First, hysteria is an "imitative disease" (and has an "imitative function"): it imitates other diseases, or culture itself. G. S. Rousseau attributes "radical breakthroughs in the theory of hysteria" to the seventeenth-century doctor Thomas Sydenham: the notion that hysteria can "imitate any disease," and is thus the most common of all diseases (G. S. Rousseau 1993: 137, 140).³ "The frequency of hysteria is no less remarkable than the multiformity of the shapes which it puts on. Few of the maladies of miserable mortality are not imitated by it" (Sydenham cited in G. S. Rousseau 1993: 144). G. S. Rousseau also suggests that Sydenham's reasoning reveals an incredible understanding of the relation of culture and disease. The spread of hysteria and its growing complexity in fact follow the development and growing complexity of the social milieu. In a sense thus hysteria also follows or 'imitates' culture (G. S. Rousseau 1993: 140–144).⁴

Second, simulation has a signalling function in hysteria: it is the symptom of the disease itself. On the one hand, hysterical symptoms were often explicitly regarded as exaggerations, or even as mere simulation, feigning, pretence, counterfeit. Quotations from Moravcsik's medical textbook nicely illustrate this:

The hysterical person does everything ostentatiously, boasts even of her misery and pains, often exaggerates, she paints her bodily maladies with darker colours, what is more, she simulates, may produce fake faints and fits, only to make others stare at

(Krafft-Ebing 1889: 39, 51; 50; 78).

³ Sydenham psychologised hysteria, he "noticed its protean potential to convert the original psychological distress into somatic reality" (G. S. Rousseau 1993).

⁴ According to Rousseau, Sydenham's other important insight was that hysteria is a "function of civilisation, that is, the richer and more civilised and influential the patient, the more likely he or she was to be afflicted." This idea relates to the notion of female imitation among the upper classes revealing a refinement of manners and high degree of civilisation (G. S. Rousseau 1993).

her, wonder, and have pity over her. (...) In order to elicit compassion and interest, many hysterics agitate themselves artificially to have a fit or directly produce a sham fit (Moravcsik 1897: 348, 360).

This logic implies the primary existence of the disease, and the consequent exaggeration or simulation of some or all of its physical symptoms.

On the other hand, we can reformulate the above assumption: woman's inclination to dissimulate, counterfeit, and lie were often considered the cause or sure indication of hysteria. While in the previous example the symptom is claimed to be simulated, in this case simulation is claimed to be the symptom par excellence. Here simulation and deception are themselves seen as part of hysteria, its symptom or cause. Laufenauer provides a good example in illustration. He disclaims the widespread notion, which explains hysterical symptoms as simulation:

Hysterical symptoms are not based on simulation, and where we still detect it, its foundation is not merely the desire to attract attention, but a pathologically increased reflex sensitivity, and thus simulation appears as a precious and significant symptom of the disease (Laufenauer 1885: 65–66).

In this way Laufenauer medicalises simulation, a socially condemned form of behaviour. At the end of his case-presentation, he concludes, “what appears as simulation, deliberate viciousness or moral depravity, is merely a pathological symptom that improves or deteriorates” (Laufenauer 1885: 75). Thus Laufenauer extends this medicalisation to other behaviours by referring to Ilma's moral depravity: to cross-dressing, lesbianism, lying and stealing. Immoral behaviour in the case of the hysteric becomes a pathological symptom of her disease: her moral insanity.⁵

⁵ In the *Medical Weekly* Dr. Jenő Konrád presents the case of a girl who suffers from hysterical paralysis. Konrád makes a distinction between real paralysis as a nervous symptom, and simulated paralysis as a symptom of pathological mental state. He claims that simulation is the main symptom in many cases, and presents the case of a hysterical child who entirely simulates paralysis. According to Konrád's logic, *real* motorical dysfunctions can be the symptoms of hysteria the same way as the *simulation* of these motorical dysfunctions can. Thus for Konrád, simulation itself becomes the primary symptom of hysteria. Simulation, however, appears not only as a medical symptom. It is also detectable in the girl's everyday behaviour. Konrád calls it her “imitative instinct” that makes her “reproduce tauntingly and laughing the habits and manners of her environment, the movements and pathological behaviour of the sick. Lying and simulation is her everyday nourishment” (Konrád 1885).

In many medical descriptions of hysteria, the broadest sense of female simulation is invoked: woman's inclination to deceive, to fake an identity, to present herself as something that she is not. The hysteric woman is often explicitly described as a flirt or an actress, and thus represents simulation, imitation and deception. (We can think of the dramatic movements of the hysteric while collapsing or undergoing a convulsive fit; Charcot's spectacular theatrical performances with hysterics; the visual manifestations of hysteria as preserved for us by the numerous pictures taken at the Salpêtrière in Paris or at the Budapest Clinic; the extreme expressivity of the eyes, faces, the mimics, gestures, movements in the visual representations of the hysteric.) The figure of the hysteric as a vain, frivolous, attention-seeking, deceiving flirt clearly appears in Moravcsik's medical description:

She always pushes herself to the fore, she is greatly egotistic, although often claims to be altruistic: 'everything for others.' The patients like dresses and hats of lively, glaring colours, use thick make-up and a lot of perfume, they speak loudly and gurgle with laughter in the street and the public, they always look around to see if they have attracted enough attention while talking, and get annoyed if they can not be at the heart of the circle, they hunt for the bizarre, the eccentric (Moravcsik 1897: 360).

The figure of the hysterical woman thus seems to be as sister to the other nineteenth-century mythic figures of womanhood: the flirt, the fallen woman, the actress⁶ or the cross-dresser. In the social and cultural imagination of the period, these women likewise

⁶ In the description of many experiments, Krafft-Ebing directly invokes the domain of the 'theatre'. He constantly refers to Ilma's mimics and expressions (34), often comparing her face to a mask (37). Many hypnotic experiments involve role-playing. A group of them could be called "pantomime"-type, where the person does not utter a word, she is more passive and motionless, and her posture and facial mimic gain crucial importance:

Placed in plastic attitudes, the patient maintains them and assumes the corresponding expression of countenance. Placed in an attitude of anger, the mien becomes angry, but changes again to the classic expressionless mask immediately when the position is removed. Placed in the attitude of a beggar, with raised, pleading hands, the eyelids are raised, and the eyes turned upward; with the removal of the attitude, the mien again becomes dreamy and demented. The posture of defence produces the expression of fright; the fingers spread out from the nose, that of contempt; the movements of her arms, as if she were throwing a kiss, give her face an amiable expression (Krafft-Ebing 1889: 38-39, also 50).

These descriptions remind us of the pictures of hypnotised hysterics highly expressive of emotions taken at the Salpêtrière.

In other experiments Ilma's role-playing is more active. The extreme case is the experiment with the "transmutation of the patient's personality," when Ilma even talks and the different intellectual level of her answers are supposed to demonstrate the complete transformation of the woman.

embodied society's desire to render woman transparent, and make her inner characteristics, her purity, and virtues visible on her surface. A normal outlook "guaranteed" a healthy body, an honest moral character, a sane and functioning brain, and a balanced mental and psychic inner world. The disease, dysfunction, or lack of any of these factors were supposed to become visible, and place the health and morality of the whole character in doubt.

Such processes are most manifest in a nineteenth-century construction of the fallen woman and the flirt. Deep into the second part of the century, the myth of the fallen woman was largely intact. Her fate was determined, her downward progress and ultimate death unavoidable. The myth involved stigmatisation: in textual as well as visual sources, she exhibited similar characteristic signs that were part of the general nineteenth-century iconography of the fallen woman. Loose, uncombed hair, torn and shabby-looking dress, a sad, or more often desperate expression on her face stood for her lack of inner-peace and, frequently, of mental integrity. Visible signs on her surface served as the readable, unremovable and undeniable evidence of her fall: cultural stigmatisation rendered woman's impurity a visible, physical, or physically expressible sign. The prostitute also appeared as a contaminating spectacle in the streets; and although this spectacle was offensive, she was meant to be so. The very visibility of the prostitute and the moral lecture she embodied was her very essence.

If the very purpose of the myth of the fallen woman⁷ was to inculcate into the common mind that there is a harmony between the outer signs and inner characteristics of woman, that form and content are related, then it is the task of the fallen woman's inverted image, the flirt, to negate it. In the nineteenth-century cultural imagination, the flirt provoked strong condemnation because she symbolised two phenomena. She embodied the aestheticised power to transform the man she flirts with, to degrade and even destroy

⁷ This myth was later destroyed by suggesting that the harlot's progress was not necessarily a downward

him. In addition, the flirt also represented deception and falsity in spite of society's illusory dream of woman's transparency and readability. Woman's purity, seen as her essence, was ultimately not readable on her surface. By reproducing the dichotomy of appearance vs. essence, by being associated with transparency and readability, opacity and unintelligibility, the flirt becomes the manifestation of the problems of representation itself. Nineteenth-century woman, a delicate piece of art, reproduced the anxiety that has traditionally surrounded artistic representation and imitation.

Similar to these female figures, the hysteric and mad woman also represents woman's refusal to conform to nineteenth-century ideals of womanly characteristics and conduct. Hysterical symptoms were often regarded as mere simulation, while woman's inclination to dissimulate was medicalised: it became both the cause and sure sign of hysteria. Under the different masks of the flirt, the fallen woman, or the hysteric, nineteenth-century woman embodied the contradiction between society's dream to render woman transparent and readable, and woman's resistance of the fiction of "social reading."

Appendix I.

Demonstrations of hysterical patients and hypnotic experiments at the weekly sessions of the Budapest Royal Medical Association between 1880-1900.

1883	Ernő Jendrassik: A case of hysterical hemiplegia
1884, 8 March	Károly Laufenauer and Endre Högyes: Hypnotism in cases of hystero-epileptic women
1884, 19 April	Károly Laufenauer: Demonstration of cases of hysteria
1884, 3 May	Károly Laufenauer: A case of hysteria gravis
1884, 21 June	Károly Laufenauer: A hystero-epileptic woman with "sleeping fits"
1885, 24 January	Károly Laufenauer: On suggestion and provoked paralysis
1885, 23 May	Károly Laufenauer: On "hyperexcitabilité neuro-musculaire"
1886, 10 April	Károly Laufenauer: Cured case of hysterical paraplegia following suggestion
1887, 5 February	Károly Laufenauer: On hystero-epilepsy in boys
1887, 5 March	Ernő Jendrassik: On hypnotic suggestion (demonstration with Ilma, debate)
1887, 23 April	Ernő Moravcsik: On hysterical phenomena
1888, 9 June	Károly Laufenauer: Prognosis and therapy of hysteria gravis
1889, 23 February	Arthur Schwarz: A case of hysteria virilis
1889, 8 June	Károly Laufenauer: Case of castrated hystero-epilepsy
1890, 10 May	Károly Schaffer: Electric experiments in hysterics
1890, 26 April	Károly Laufenauer: A case of hysterical hemiplegia
1891, 28 November	Gyula Donáth: Case of hysterical (accomodation) hemiplegia cure with hypnotic suggestion
1892, 12 March	Ernő Jendrassik: Curing with suggestion
1892, 9 April	Ernő Jendrassik: On Hypnotic suggestibility
1892, 30 April	Károly Schaffer: Hypnotic experiments

Appendix II.

Hollós provides figures regarding the patients' religious affiliation. The first 3 columns of *Table 3.* below shows his numbers. I counted their percentage compared to the total patient population of the asylum in the fourth column. In the fifth column I give the 1890 data of the religious affiliation of Hungary's population (total of 15 million people).

Table 7. The patients' religious affiliation

	male	female	total	% at the asylum	% in the Hung. population ¹
Roman Catholic	6768	4737	11505	56%	47.8%
Greek Catholic	413	163	576	2.8%	11%
Greek Orthodox	374	233	607	2.9%	13.6%
Calvinist	1652	784	2436	11.8%	14.6%
Lutheran	762	504	1266	6.2%	7.8%
Unitarian Anglican	24	3	27	0.1%	0.4%
Israelite	2254	1855	4109	20%	4.7%
	12247	8279	20526	100%	100%

Hollós finds the highest rate of illness among the Israelites compared to their ratio among the country's population. It is only partially explained by the facts that initially one-third, later half of the patients came from the capital, and the proportion of Israelites in Budapest and in big cities exceeded the 20% (Kovács and Katus 1987: 1163). Hollós finds the highest rate of the Israelites among the patients suffering from paralysis, while the ratio of Christians is the highest among epileptics and alcoholics.²

Table 8. Occupations of women with independent income

	office- workers	teacher	singer, actress	seamstress	seller	waitress	maid
1868-1880	-	21	1	55	3	1	209
1881-1890	3	29	3	97	7	1	247
1891-1900	5	31	7	98	4	7	385
1901-1908	21	32	4	83	15	12	553
1868-1908	29	113	15	333	29	21	1394

¹ The figures are from Kovács and Katus 1987: 1162-1163.

² Among the Israelites, the ratio of epilepsy is 4.14%. The ratio of alcoholics among non-Israelites is 8.9%, among the Israelites the number is only 1.42%.

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